



May 18, 1998

EPCRA Reporting Center
C/O Computer Based Systems Inc.
Suite 300
4600 North Fairfax Drive
Arlington, VA 22203

To Whom It May Concern:

It has come to our attention through a thorough review of our chemical usage that there are two chemicals that should have been reported in our Toxic Release Inventory in previous years.

These two chemicals are Methanol CAS Number 67-56-1 and Phosphoric Acid CAS Number 7664-38-2. Form R reports for Methanol include the years 1989 and 1991 through 1996. In 1990 the threshold amount was not reached for Methanol. Form R reports for Phosphoric Acid include the years 1989 through 1996.

Enclosed you will find Form R reports for these two chemicals for the years indicated above. If you have any questions please call me at (330) 841-8200.

Sincerely,

Thomas O. Shepker
Manager
Environmental Control

TOS/ymt

Enclosure

Cc: Ms. Cindy DeWulf
Ohio EPA
Division of Air Pollution Control
P.O. Box 1049
1800 WaterMark Drive
Columbus, Oh 43216

MAY 26 1998



United States
Environmental Protection
Agency

FORM R TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if
this is a revision

**IMPORTANT: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.**

13-96-105-39060-7

PART I. FACILITY IDENTIFICATION INF



SECTION 1.

REPORTING YEAR

19 96

SECTION 2. TRADE SECRET INFORMATION

Are you claiming the toxic chemical identified on page 3 trade secret?

2.1

☐ Yes (Answer question 2.2;
Attach substantiation forms)

☒

No (Do not answer 2.2;
Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the
submitted information is true and complete and that the amounts and values in this report are accurate based on
reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

Thomas O. Shepker

Manager Environmental Control

Signature

Date Signed

05/15/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

WCI Steel, Inc.

TRI Facility ID Number

44481WRRNW1040P

Street Address

1040 Pine Avenue SE

City

Warren

County

Trumbull

State

Ohio

Zip Code

44483-6528

Mailing Address (if different from street address)

City

State

Zip Code

MAY 26 1998 PUT LABEL HERE



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EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check a <u>or</u> b; check c if applicable)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility		c. <input type="checkbox"/> A Federal facility	
4.3	Technical Contact		Name Thomas Shepker				Telephone Number (include area code) 330-841-8200	
4.4	Public Contact		Name Tim Roberts				Telephone Number (include area code) 330-841-8205	
4.5	SIC Code (4-digit)	a. 3312	b.	c.	d.	e.	f.	
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
		041	13	30	080	48	55	
4.7	Dun & Bradstreet Number(s) (9 digits)					a. 188276935		
						b.		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a. OHD060409521		
						b.		
4.9	Facility NPDES Permit Number(s) (9 characters)					a. OH0101079		
						b.		
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a. NA		
						b.		

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input checked="" type="checkbox"/> NA	
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	(9 digits)



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PART II. CHEMICAL-SPECIFIC
INFORMATION

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this
section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	7664-38-2
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Phosphoric Acid
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	If produce or import: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging	
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME
DURING THE CALENDAR YEAR

4.1	04	(Enter two-digit code from instruction package.)



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**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input checked="" type="checkbox"/> NA			
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name				
	NA				
5.3.2	Stream or Water Body Name				
5.3.3	Stream or Water Body Name				
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			



Check here only if additional Section 5.3 information is provided on page 5 of this form.



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**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

**SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE
ENVIRONMENT ON-SITE**

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.____	Stream or Water Body Name			
	NA			
5.3.____	Stream or Water Body Name			
5.3.____	Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B POTW Name and Location Information

6.1.B.____ POTW Name	6.1.B.____ POTW Name
Street Address	Street Address
City	City
County	County
State	State
Zip Code	Zip Code

additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name	
NA	
Street Address	
City	County
State	Zip Code
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)
1.	1. M
2.	2. M
3.	3. M
4.	4. M

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name	
Street Address	
City	County
State	Zip Code
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)
1.	1. M
2.	2. M
3.	3. M
4.	4. M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box 1 and indicate which Part II, Section 6.2 page this is, here. 1 (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
W	1 C11 2 NA	4	100 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	3 4 5 6 7 8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



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**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

*All quantity estimates can be reported
using up to two significant figures.*

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released *	0	0	0	0
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	700	960	1000	1000
	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			1.21	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

the right of the return address

CERTIFIED

Z 150 214 694

MAIL

WCI STEEL, INC.

1040 Pine Avenue
Warren, Ohio 44483



U.S. POSTAGE

0545

H METER 550978

MAY 26 1998

First Class Mail

FIRST CLASS MAIL

WCI STEEL

FROM

TO EPCRA Reporting Center
c/o Computer Based Systems Inc.
Suite 300
4600 North Fairfax Drive
Arlington, VA 22203

WCI Steel, Incorporated
1040 Pine Avenue, SE
Warren, OH 44483-6528



May 18, 1998

EPCRA Reporting Center
C/O Computer Based Systems Inc.
Suite 300
4600 North Fairfax Drive
Arlington, VA 22203

To Whom It May Concern:

It has come to our attention through a thorough review of our chemical usage that there are two chemicals that should have been reported in our Toxic Release Inventory in previous years.

These two chemicals are Methanol CAS Number 67-56-1 and Phosphoric Acid CAS Number 7664-38-2. Form R reports for Methanol include the years 1989 and 1991 through 1996. In 1990 the threshold amount was not reached for Methanol. Form R reports for Phosphoric Acid include the years 1989 through 1996.

Enclosed you will find Form R reports for these two chemicals for the years indicated above. If you have any questions please call me at (330) 841-8200.

Sincerely,

Thomas O. Shepker
Manager
Environmental Control

TOS/ymt

Enclosure

Cc: Ms. Cindy DeWulf
Ohio EPA
Division of Air Pollution Control
P.O. Box 1049
1800 WaterMark Drive
Columbus, Oh 43216

MAY 26 1998

United States
Environmental Protection
Agency**FORM R** TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORMSection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

**WHERE TO SEND
COMPLETED FORMS:**

1. EPCRA Reporting Center

P.O. Box 3348

Merrifield, VA 22116-3348

ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE

(See instructions in Appendix F)

Enter "X" here if
this is a revision**IMPORTANT:** See instructions to determine when "Not
Applicable (NA)" boxes should be checked.

13-95-095-37495-5

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1.****REPORTING
YEAR**19 95**SECTION 2. TRADE SECRET INFORMATION**

Are you claiming the toxic chemical identified on page 3 trade secret?

2.1

☐ Yes (Answer question 2.2;
Attach substantiation forms)☒ XNo (Do not answer 2.2;
Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the
submitted information is true and complete and that the amounts and values in this report are accurate based on
reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

Thomas O. Shepker

Manager Environmental Control

Signature

Date Signed

05/15/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

WCI Steel, Inc.

TRI Facility ID Number

44481WRRNW1040P

Street Address

1040 Pine Avenue SE

City

Warren

County

Trumbull

State

Ohio

Zip Code

44483-6528

Mailing Address (if different from street address)

City

State

Zip Code

MAY 26 1998

PUT LABEL HERE



United States
Environmental Protection
Agency

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check a or b; check c if applicable)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility		c. <input type="checkbox"/> A Federal facility	
4.3	Technical Contact	Name Thomas Shepker	Telephone Number (include area code) 330-841-8200					
4.4	Public Contact	Name Tim Roberts	Telephone Number (include area code) 330-841-8205					
4.5	SIC Code (4-digit)	a. 3312	b.	c.	d.	e.	f.	
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
		041	13	30	080	48	55	
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 188276935			
					b.			
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. OHD060409521			
					b.			
4.9	Facility NPDES Permit Number(s) (9 characters)				a. OH0101079			
					b.			
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA			
					b.			

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input checked="" type="checkbox"/> NA	
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	(9 digits)



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this
section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	7664-38-2
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Phosphoric Acid
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce	If produce or import:	
		b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant	c. <input type="checkbox"/> As an article component	
		b. <input checked="" type="checkbox"/> As a formulation component	d. <input type="checkbox"/> Repackaging	
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid	c. <input type="checkbox"/> Ancillary or other use	
		b. <input checked="" type="checkbox"/> As a manufacturing aid		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04 (Enter two-digit code from instruction package.)
-----	---



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input checked="" type="checkbox"/> NA			
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1 Stream or Water Body Name					
NA					
5.3.2 Stream or Water Body Name					
5.3.3 Stream or Water Body Name					
5.4					
Underground injections on-site			<input checked="" type="checkbox"/> NA		
5.5					
Releases to land on-site					
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			

☐

Check here only if additional Section 5.3 information is provided on page 5 of this form.



United States
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Agency

EPA FORM R

**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

**SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE
ENVIRONMENT ON-SITE**

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.____	Stream or Water Body Name			
	NA			
5.3.____	Stream or Water Body Name			
5.3.____	Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	
6.1.B POTW Name and Location Information	
6.1.B.____ POTW Name	6.1.B.____ POTW Name
Street Address	Street Address
City	City
County	County
State	State
Zip Code	Zip Code

additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here. (example: 1, 2, 3, etc.)



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Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. _____	Off-site EPA Identification Number (RCRA ID No.)		
Off-Site Location Name			
NA			
Street Address			
City		County	
State	Zip Code	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1.	1.	1. M	
2.	2.	2. M	
3.	3.	3. M	
	4.	4. M	

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. _____	Off-site EPA Identification Number (RCRA ID No.)		
Off-Site Location Name			
Street Address			
City		County	
State	Zip Code	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1.	1.	1. M	
2.	2.	2. M	
3.	3.	3. M	
	4.	4. M	

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



United States
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Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?	
7A.1a	7A.1b	1	C11	2	NA	7A.1c	7A.1d	7A.1e
W	3		4		5	4	100 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	6		7		8			
7A.2a	7A.2b	1		2		7A.2c	7A.2d	7A.2e
7A	3		4		5		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6		7		8			
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e
	3		4		5		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6		7		8			
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e
	3		4		5		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6		7		8			
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e
	3		4		5		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6		7		8			

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



EPA FORM R

United States
Environmental Protection
AgencyPART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Chemical, Category, or Generic Name

Phosphoric Acid

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

*All quantity estimates can be reported
using up to two significant figures.*

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released *	0	0	0	0
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	640	700	700	700
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			.85	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

the right of the return address

WCI STEEL, INC.
1040 Pine Avenue
Warren, Ohio 44483

CERTIFIED

Z 150 214 694

MAIL



MAY 26 1998

First Class Mail

FIRST CLASS MAIL

WCI STEEL

"POST MARK DATE UNSCANNABLE.
VERIFIED AS MAY-21'98"

FROM

TO EPCRA Reporting Center
c/o Computer Based Systems Inc.
Suite 300
4600 North Fairfax Drive
Arlington, VA 22203

WCI Steel, Incorporated
1040 Pine Avenue, SE
Warren, OH 44483-6528

37494-2

97-1056



EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116 - 3348
Attn: Toxic Chemical Release Inventory
Magnetic Media Submission

WCI STEEL, INC.
1040 PINE AVENUE SE
WARREN
OH 444836528
TRI Fac. ID: 44481WRRNW1040P
06/04/1998

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

WCI STEEL, INC.

This information is submitted as required under section 313, Title III of the Superfund Amendments and Reauthorization Act Of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 11 Chemical Report(s) for our facility.
These 11 chemical report(s) are described below:

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Type</u>
AMMONIA	1997	007664417	5-page Form R
ANTIMONY COMPOUNDS	1997	N010	5-page Form R
CHROMIUM COMPOUNDS	1997	N090	5-page Form R
HYDROCHLORIC ACID (1995 AN	1997	007647010	5-page Form R
LEAD COMPOUNDS	1997	N420	5-page Form R

* Continued on next page

Our technical point of contact is:

THOMAS SHEPKER

Phone Number: (330) 841 - 8200

and is available should any questions or problems arise in your processing of these diskettes.

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Sincerely,

THOMAS O. SHEPKER
MANAGER ENVIRONMENTAL CONTROL

WCI Steel, Inc.
1040 Pine Avenue, SE
Warren, OH 44483-6528
(330) 841-8000

JUN 15 1998

Continued from Page 1

<u>Chemical Name</u>	<u>Report Year</u>	<u>CAS Number</u>	<u>Report Status</u>
MANGANESE COMPOUNDS	1997	N450	5-page Form R
METHANOL	1997	000067561	5-page Form R
NICKEL COMPOUNDS	1997	N495	5-page Form R
PHOSPHORIC ACID	1997	007664382	5-page Form R
SODIUM NITRITE	1997	007632000	5-page Form R
ZINC COMPOUNDS	1997	N982	5-page Form R

**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**United States
Environmental Protection
AgencySection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1997**

13-97-110-02666-7-04

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
THOMAS O. SHEPKER MANAGER ENVIRONMENTAL CONTROL		06/10/1998

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number		44481-WRRNW-1040P	
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)		
STEEL, INC.				
Street		Mailing Address		
1040 PINE AVENUE SE				
City/County/State/Zip Code		City/County/State/Zip Code		
WARREN TRUMBULL OH 44483-6528				
4.2	This report contains information for: (Important: check a or b; check c if applicable)			
	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	
4.3	Technical Contact Name		THOMAS SHEPKER	
			Telephone Number (include area code) (330) 841 - 8200	
4.4	Public Contact Name		TIM ROBERTS	
			Telephone Number (include area code) (330) 841 - 8205	
4.5	SIC Code (s) (4 digits)		a. 3312	b.
4.6	Latitude		Longitude	
	Degrees	Minutes	Seconds	Degrees
	041	13	30	080
4.7	Dun & Bradstreet Number(s) (9 digits)		4.8	EPA identification Number (RCRA I.D. No.) (12 characters)
a. 188276935			a. OH060409521	
b. NA			b. NA	
			4.9	Facility NPDES Permit Number(s) (9 characters)
			a. OH0101079	
			b. NA	
			4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
			a. NA	
			b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA	<input checked="" type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA	<input checked="" type="checkbox"/>

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 44481-WRRNW-1040P
 Toxic Chemical, Category or Generic Name
 HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 007647010
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive) NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input checked="" type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging		a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	06 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions NA <input checked="" type="checkbox"/>	NA		
5.2	Stack or point air emissions NA <input type="checkbox"/>	72200	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground injection onsite to Class II-V Wells NA <input checked="" type="checkbox"/>	NA		

Additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc)

1

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

I.B. 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	-

6.1.B. 2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	OHD980793384					
Off-Site Location Name		RESERVE ENVIRONMENTAL SERVICES					
Off-Site Address		4633 MIDDLE RD. P.O. BOX 1038					
City	ASHTABULA	State	OH	County	ASHTABULA	Zip	44004-
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 37300	1. M	1. M61
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.)

OHD980568992

Off-Site location Name

ENVIRITE OF OHIO, INC.

Off-Site Address

2050 CENTRAL AVENUE SE

City CANTON

State OH

County STARK

Zip

44707-

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 530	1. M	1. M94
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
A	3 4 5 6 7 8	2	85 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
A	3 4 5 6 7 8	2	95 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
A	3 4 5 6 7 8	2	95 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
A	3 4 5 6 7 8	2	95 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
A	3 4 5 6 7 8	2	98 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

2

Indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 3 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City State County Zip -

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
W	3 4 5 6 7 8	2	100 %	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
NA	3 4 5 6 7 8		0 %	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

Additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

2

Indicate the Part II, Section 6.2/7A page number in this box : 2 (example: 1,2,3, etc)

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. NA 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. R40 2. 3. 4. 5.
6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1 Quantity released **	79300	72200	75000	75000
8.2 Quantity used for energy recovery onsite	0	0	0	0
Quantity used for energy recovery offsite	0	0	0	0
8.4 Quantity recycled onsite	14400000	10300000	12000000	12000000
8.5 Quantity recycled offsite	0	0	0	0
8.6 Quantity treated onsite	750	810	800	800
8.7 Quantity treated offsite	181000	37300	50000	50000
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			530	
8.9 Production ratio or activity index			0000.91	
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, loading, unloading, transferring, or disposing into the environment." Do not include any quantity treated onsite or offsite.

WCI STEEL, INC.
1040 Pine Avenue
Warren, Ohio 44483

Z 150 214 730

MAIL



JUN 15 1998

First Class Mail

FIRST CLASS MAIL

WCI STEEL

FROM: WCI Steel, Inc.

TO:
EPCRA Reporting Center
c/o Computer Based Systems, Inc.
Suite 300
4600 North Fairfax Drive
Arlington, VA 22203

WCI Steel, Incorporated
1040 Pine Avenue, SE
Warren, OH 44483-0928

ENV-0005

United States
Environmental Protection
Agency**FORM R TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical Category or Generic Name

HYDROCHLORIC ACID (1995 AND
AFTER "ACID AEROSOLS" ONLY)**WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**Important:** See instructions to determine when "Not
Applicable (NA)" boxes should be checked.

13-96-105-33957-4

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1.
REPORTING
YEAR**

1996

SECTION 2. TRADE SECRET INFORMATION

2.1

Are you claiming the toxic chemical identified on page 3 trade secret?

☐Yes. (Answer question 2.2;
Attach substantiation forms)☒No (Do not answer
2.2; Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections)I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the
submittedusing data available to the preparers of this report and values in this report are accurate based on reasonable
estimates.

Name and official title of owner/operator or senior management official

THOMAS O. SHEPKER

MANAGER ENVIRONMENTAL CONTROL

Signature

Date Signed

07-02-97

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

WCI STEEL, INC.

TRI Facility ID Number

44481WRRNW1040P

Street Address

1040 PINE AVENUE SE

City

WARREN

County

TRUMBULL

State

OH

Zip Code

44483-6528

Mailing Address (if different from street address)

City

State

Zip Code

PUT LABEL HERE

DEC 09 1997



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EPA FORM R
PART I. FACILITY IDENTIFICATION
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND
AFTER "ACID AFROSOLS" ONLY)

SECTION 4. FACILITY IDENTIFICATION (continued)

4.2	This report contains information for: (Important check a <u>or</u> b; check c if applicable)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility		c. <input type="checkbox"/> A Federal facility	
4.3	Technical Contact	Name THOMAS SHEPKER				Telephone number (include area code) (330) 841-8200		
4.4	Public Contact	Name JACK WALTER				Telephone number (include area code) (330) 841-8206		
4.5	SIC Code (4-digit)	3312						
4.6	Latitude and Longitude	Latitude			Longitude			
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
		041	13	30	080	48	55	
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 188276935			
					b.			
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. OHD060409521			
					b.			
4.9	Facility NPDES Permit Number(s) (9 characters)				a. OH0101079			
					b.			
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA			
					b.			

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input checked="" type="checkbox"/> NA	
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	



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EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND AFTER

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this
section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 007647010
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)
1.3	Generic Chemical Name (Important only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive) NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
-----	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input checked="" type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	06	(Enter two-digit code from instruction package.)
-----	----	--



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND AFTEI

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input checked="" type="checkbox"/> NA			
5.2	Stack or point air emissions	<input type="checkbox"/> NA	79300	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1 Stream or Water Body Name					
NA					
5.3.2 Stream or Water Body Name					
5.3.3 Stream or Water Body Name					
5.4.1	Underground injections on-site to Class I Wells	<input checked="" type="checkbox"/> NA			
5.4.2	Underground injections on-site to Class II-V Wells	<input checked="" type="checkbox"/> NA			
5.5	Disposal to land on-site				
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/> NA			
5.5.1B	Other landfills	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			

☐

Check here only if additional Section 5.3 information is provided on page 5 of this form.



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AN

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4 Stream or Water Body Name			
5.3.5 Stream or Water Body Name			
5.3.6 Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate) Basis of Estimate
(enter code)

NA			
6.1.B POTW Name and Location Information			
6.1.B.1 POTW Name		6.1.B.2 POTW Name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	Zip Code

If additional pages of Part II, Section 5.3 and/or 6.1 are attached, indicate the total number of pages in this box 1 and indicate which Part II, Section 5.3/6.1 page this is, here 1 (example: 1, 2, 3, etc.)



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND
AFTER "ACID AEROSOLS" ONLY)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-site EPA Identification Number (RCRA ID No.)		OHD980793384	
Off-Site Location Name		RESERVE ENVIRONMENTAL SERVICES		
Street Address		4633 MIDDLE RD. P.O. BOX 1038		
City	ASHTABULA	County	ASHTABULA	
State	OH	Zip Code	44004-	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1. 181000		1. M		1. M61
2.		2.		2.
3.		3.		3.
		4.		4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	Off-site EPA Identification Number (RCRA ID No.)			
Off-Site Location Name				
Street Address				
City		County		
State		Zip Code		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery(enter code)
1.		1.		1.
2.		2.		2.
3.		3.		3.
4.		4.		4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box 1 and indicate which Part II, Section 6.2 page this is, here, 1 (example: 1, 2, 3, etc.)



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND
AFTER "ACID AEROSOLS" ONLY)

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
A	1 A03 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	2	85 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
A	1 A03 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	2	95 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
A	1 A03 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	2	95 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
A	1 A03 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	2	95 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
A	1 A03 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	2	98 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here, (example: 1, 2, 3, etc.)



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND
AFTER "ACID AEROSOLS" ONLY)

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
W	1 C11 2	2	100 %	Yes No
	3 4 5			<input checked="" type="checkbox"/> <input type="checkbox"/>
	6 7 8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2		%	Yes No
	3 4 5			<input type="checkbox"/> <input type="checkbox"/>
	6 7 8			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2		%	Yes No
	3 4 5			<input type="checkbox"/> <input type="checkbox"/>
	6 7 8			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2		%	Yes No
	3 4 5			<input type="checkbox"/> <input type="checkbox"/>
	6 7 8			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2		%	Yes No
	3 4 5			<input type="checkbox"/> <input type="checkbox"/>
	6 7 8			

If additional copies of page 7 are attached, indicate the total number of pages in this box 2 and indicate which page 7 this is, here, 2 (example: 1, 2, 3, etc.)



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EPA FORM R

PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1991)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☐ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. NA

2.

3.

4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. R40

2.

3.

4.

5.

6.

7.

8.

9.

10.



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EPA FORM R
PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID (1995 AND A

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released*	82500	79300	76300	76300
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	16100000	14400000	13900000	13900000
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	670	750	720	720
8.7	Quantity treated off-site	170000	181000	174000	174000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0001.04	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

9894275366

12/4/97

1355-9518-7

T. O. Shepker

Phone (330) 841-8200

WCI/STEEL INC

Environmental Control

1040 PINE AVE SE

WARREN

1669-19101-703

DEC-09-1997

MAG Media TRI NOSE

EPCRA Reporting Center

6th Floor, Suite 650

4301 N. Fairfax Dr.

Arlington

State VA

Zip 22203

For Saturday Delivery check here

9894275366



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Packaging

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☒ FedEx Pak*
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Special Handling

Does this shipment contain dangerous goods? ☐ Yes ☐ No

☐ Dry Ice
☐ Dry Ice 3 Day Shipper
☐ CA Cargo Aircraft Only

Payment

☒ Sender
☐ Recipient
☐ Third Party
☐ Credit Card
☐ Cash
☐ Check

FedEx Account No. _____

Card No. _____ Exp. Date _____

Total Packages _____ Total Weight _____

Total Charges \$ _____

Credit Card Auth. _____

Release Signature

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

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Rev. Date 10/95 • PART #147381 GBFE 3/96
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FORM 10 NO
0200

WCI STEEL

95-11504

August 21, 1996

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3342
Attn: Toxic Chemical Release Inventory Magnetic Media Submission

Ms. Cindy DeWulf
Ohio EPA
Division of Air Pollution Control
1800 WaterMark Drive
Columbus, Ohio 43216

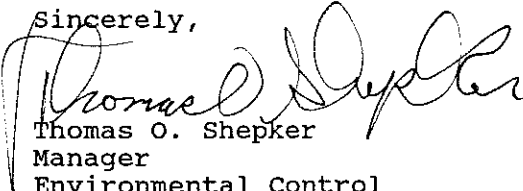
We received a notice of technical error from the State of Ohio for our 1995 Form R submission. Their records indicated in box 6.2.1 a quantity of 172 pounds sent off site for treatment. In box 8.7 the quantity was listed as 170,000 pounds sent off site for treatment.

The records we maintain on site show box 6.2.1 to be 172,000 pounds and the quantity in box 8.7 to be 170,000 pounds. A comma had been used in box 6.2.1 to separate the thousands column from the hundreds column. This comma may have caused the error in uploading our data diskette onto the Ohio EPA computer system.

We are submitting a revised copy on diskette for Hydrochloric Acid to correct this situation. The value in box 6.2.1 has been rounded from 172,000 pounds to 170,000 pounds and the comma has been removed. This should correct the problem.

If you have any further questions on this data, please give me a call at (330) 841-8200.

Sincerely,



Thomas O. Shepker
Manager
Environmental Control

TOS:yt

Enclosure

AUG 27 1996

WCI Steel, Inc.
1040 Pine Avenue, SE
Warren, OH 44483-6528
(330) 841-8000



State of Ohio Environmental Protection Agency

STREET ADDRESS:

1800 WaterMark Drive
Columbus, OH 43215-1099

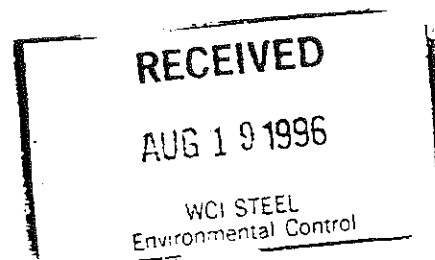
TELE: (614) 644-3020 FAX: (614) 644-2329

MAILING ADDRESS:

P.O. Box 1049
Columbus, OH 43216-1049

Date: 8-12-96

Contact Name: Thomas Shepker
Facility Name: WCI Steel Inc.
Address: 1040 Pine Ave. S.E.
Warren, OH 44483-6528



RE: NOTICE OF TECHNICAL ERROR

Dear Sir/Madam:

The Ohio EPA, TRI staff review Form R's submittals. During our review of your 1995 Form R submittals, we discovered the following errors (only those checked):

- ☐ 1) *Reporting of a non-reportable substance.* Do not file a Form R for a delisted or non-reportable substance. An example of this would be the reporting of isopropyl alcohol. Isopropyl alcohol is reportable only if a facility manufactures it using the strong acid process. Recently, acetone, non-aerosol sulfuric acid and ammonium sulfate solution were delisted. You may withdraw a Form R by resubmitting, marking "withdraw" boldly in red on the first page.

- ☐ 2) *Improper SIC Code appears on page 2, Section 4.5 of the Form R.* See Table I of the reporting instructions for proper SIC Codes.

- ☐ 3) *Incorrect RCRA ID numbers on page 2 of the Form R.* RCRA ID numbers must have 12 characters and begin with (OH*****).

- ☐ 4) *Incorrect NPDES permit number appears on page 2 of Form R.* NPDES numbers consist of 9 characters and begin with (OH*****).

- ☐ 5) *Incorrect reporting of CAS Numbers.* Chemical categories are assigned category codes. The correct codes appear on pages II-2 through II-23 of the instructions. Do not report "N/A" as a CAS number.

- 6) *No activity or uses of the toxic chemical appear on page 3, Section 3.* See page 22 of the instructions for directions on completing this section.
- 7) *The numbers on page 4, Sections 5.5.1 - 5.5.4, and page 6, Section 6.2 are the same.* Is this the same waste? Page 4, Sections 5.5.1 - 5.5.4 are for on-site land disposal only. Any transfer off-site for disposal (e.g. landfill) should appear on page 6, Section 6.2 of the Form R, not page 4.
- 8) *Incorrect codes or no code used on page 6, Section 6.2, column C.* The correct codes for off-site treatment/disposal/energy recovery/recycling appear on page 35 of the instructions.
- 9) *Non-reporting of locations of off-site energy recovery, recycling, or treatment in Part II, Section 6.2.* If a reportable TRI toxic chemical is sent off-site for energy recovery, recycling, or treatment, then the name, address and other information about that facility must be provided in Part II, Section 6.2.
for Hydrochloric Acid
- 10) *Non-reporting of on-site energy recovery, on-site recycling process on page 8 of Form R.* If a facility reports a quantity of a TRI toxic chemical as being used for energy recovery on-site or being recycled on-site on page 9 of the Form R, then the type of energy recovery and/or recycling must be provided on page 8 of the Form R.
- 11) *Disregarding page 9.* The information requested on page 9 is required under the Pollution Prevention Act. This page should never be left blank.
- 12) *Non-completion of columns C and D on page 9.* Columns C and D on page 9 require TRI reporters to make projections about releases, energy recovery, recycling, and treatment for the following two years. These columns should not be left blank. EPA expects reasonable future quantity estimates using a logical basis.
- 13) *Double counting on page 9.* Transfers off-site for treatment, recycling or energy recovery are not considered releases and should not be reported in Section 8.1 as a "Quantity Released". Also, any amount reported as a "release to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes" in Section 8.8 should not be included anywhere in Sections 8.1 - 8.7, but should appear in the appropriate sections on pages 4, 5, or 6.
- 14) *Inaccurate reporting of the sum of all releases to the environment on page 9, Section 8.1.* In Section 8.1, "Quantity Released" must include the total quantity of chemical released on-site and off-site.

including on-site releases (reported in Section 5.1 - 5.5), and all transfers off-site reported for disposal using codes M10, M71, M72, M73, M79, M90, M94, and M99 reported in section 6.2. These releases should not be included in Section 8.1 if these releases were the result of remedial actions, catastrophic events, or one-time events not associated with production processes. This quantity should be reported in Section 8.8.

- 15) *Non-reporting of quantity recycled or used for energy recovery on page 9.* If a facility reports on-site energy recovery or recycling methods on page 8, then the amount recycled or used for energy recovery must be reported on page 9.
-
-

- 16) *Non-reporting of quantity treated on-site on page 9.* If a facility claims on-site treatment on page 7, in which the toxic chemical is destroyed or chemically converted to a non-reportable toxic chemical, then the quantity treated on-site must be reported on page 9, Section 8.6.
-
-

- 17) *Reporting energy recovery of chemicals with insignificant heating values.* An energy recovery process must be integrated into an energy recovery system and the toxic chemical must be combustible and have a heating value high enough to sustain combustion. Otherwise, it is considered waste treatment. Metals cannot be used for energy recovery.
-
-

- 18) *Reporting on-site treatment of a metal.* For Section 8, the US EPA defines treatment as "neutralization, destruction or conversion" of a toxic chemical. Some forms of treatment that are reportable on page 7 of Form R (e.g. filtration, settling/clarification) are not reportable on page 9 of Form R.
-
-

- 19) *Reporting transfers off-site for disposal as "Quantity Treated Off-Site" on page 9.* Transfers off-site for disposal (Codes M10, M71, M72, M73, M79, M90, M94, and M99) are considered releases and should be included on page 9, Section 8.1 "Quantity Released", not on page 9, Section 8.7 "Quantity Treated Off-Site". Also, for the purpose of page 9, the US EPA defines treatment as "neutralization, destruction or conversion". Therefore, in the case of metals such as lead, nickel, and manganese, treatment is not possible and any transfer off-site that is not recycled or sent to a POTW is considered a release. This does not apply if the release was the result of remedial actions, catastrophic events, or one-time events not associated with production processes, which must be included in Section 8.8.
-
-

- 20) *Inaccurate reporting of quantity treated off-site on page 9.* In Section 8.7, "Quantity Treated Off-Site" must include total quantity of chemical in waste stream sent off-site for treatment using codes M40, M50, M54, M61, M69, and M95 reported in Section 6.2, and also quantity of chemical sent to POTW for treatment reported on page 5, Section 6.1.
-
-

- 21) *Non-reporting of production ratio or reporting a production ratio of "0" or invalid number on page 9.* On page 9, Section 8.9, reporters must provide a ratio of reporting year production to prior year production. Only in the case when there is no basis of comparison to production in the previous year should a production ratio of "N/A" be reported. A production ratio of "0" would mean that the facility had no reporting year production. A full explanation of the "production Ratio" appears on pages 46 and 47 of the Toxic Chemical Release Inventory Form R and Instructions.

- 22) *Using improper weight range codes on Form R.* The weight range codes which appear on page 24 of the instructions are for use in the reporting of page 3, Section 4. "Maximum Amount of the Toxic Chemical On-Site at Any Time During the Calendar Year" only. These codes should not be used anywhere else on the Form R.

- 23) *Release range codes A, B, and C should not be used on page 9.* On page 9, you should only report a whole number rounded to two significant figures. You should not report any kind of release range code on page 9.

- 24) *Using Decimal point.* You must enter the values as whole numbers. Numbers following a decimal point are not acceptable. (Revision is not necessary if this is your only error).

- 25) *Other*

Revisions should be filed within 21 calendar days of the date of this letter with both Ohio EPA and US EPA. These revisions should include the entire form (pages 1-9), revisions must be made in red or circled in red. If you are submitting revisions on diskette, the diskette must only include the forms for which revisions are being submitted. Please be advised that ORC Section 3751.03 Division (E) (2) states that "No owner or operator of a facility who is required by this section to file a Toxic Chemical Release Form shall falsify, tamper with, or render inaccurate any toxic chemical release form...". ORC Section 3751.10 Division (B) states that "whoever violates Division (E) (1) or (2) of section 3751.03 shall pay a civil penalty of not more than \$25,000 for each day of violation."

If you have any questions, please call me at (614) 644-3608.

Sincerely,

Muhammad Elsalahat

Muhammad Elsalahat
Environmental Engineer
Toxic Release Inventory Program
Division of Air Pollution Control

5/3/96

OhioEPA
Toxic Chemical Release Inventory Program
1995 Release Summary

HYDROCHLORIC ACID

E.P.: E

Facility Type: C Filed for 95? N Filed Form R? N Filed on Disk? N Filed Certification? N

Facility	WCI STEEL INC.	TRI_ID	44481WRRNW1040P
Address	1040 PINE AVE. S.E.	Mailing Address	NA
County	TRUMBULL	Mailcity	
City	WARREN	Mailstate	
Zip Code	444836528	Mailzip	
Technical Contact	THOMAS SHEPKER	SIC_Code	3312
Telephone	3308418200	RCRA	OHD060409521
Parent Company	NA	NPDES	OHO101079
		UIC_ID	NA
Chem_name	HYDROCHLORIC ACID	CAS Number	007647010

5.1 Fugitive	6,200	5.2 Stack	76,300	5.3.1 Water	0	5.3.2 Water	0
5.4 Injection	0			5.3.1 Stream			
5.5.1 Landfill	0	5.5.2 Land treatment	0	5.5.3 Surface	0	5.5.4 Other land	0
6.1.A.1 POTW	0	6.1.B Potw_name					

Total Transfers (pounds/year)		Type of Waste Code	Total Transfers (pounds/year)		Type of Waste Code
6.2.1	172	M61	6.2.9	0	
6.2.2	0		6.2.10	0	
6.2.3	0		6.2.11	0	
6.2.4	0		6.2.12	0	
6.2.5	0		6.2.13	0	
6.2.6	0		6.2.14	0	
6.2.7	0		6.2.15	0	
6.2.8	0		6.2.16	0	

7.B.1 On-Site Energy Recovery Processes			
7.C.1 On-Site Recycling Processes	R40		

	1994	1995	1996	1997
8.1 Quantity Released	83,400	82,500	83,400	93,700
8.2 Energy Recovery On-Site	0	0	0	0
8.3 Energy Recovery Off-Site	0	0	0	0
8.4 Quantity Recycled On-Site	16,800,000	16,100,000	16,700,000	18,300,000
8.5 Quantity Recycled Off-Site	0	0	0	0
8.6 Quantity Treated On-Site	4,700	670	690	760
8.7 Quantity Treated Off-Site	48,000	170,000	49,700	54,500

8.8 On-time Release 0
 8.9 Production Ratio 0.950

Source Reduction Activities	Method to Identify Activity		
8.10.1	a.	b.	c.
8.10.2	a.	b.	c.
8.10.3	a.	b.	c.
8.10.4	a.	b.	c.

Revision N
 Revision Date / /

This summary shows 5 lbs for Reporting Range Code A, 250 lbs for Reporting Range Code B, and 750 lbs for Reporting Range Code C



United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 1995**

13-95-090-42282-5-0H

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: THOMAS O. SHEPKER
MANAGER ENVIRONMENTAL CONTROL

Signature: _____

Date Signed: 06/19/1996

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name STEEL, INC.		TRI Facility ID Number 44481-WRRNW-1040P
Street 1040 PINE AVENUE SE		Facility or Establishment Name or Mailing Address (if different from street address)	
City/County/State/Zip Code WARREN TRUMBULL OH 44483-6528		Mailing Address NA	
4.2	This report contains information for: (Important: check a or b; check c if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility		
4.3	Technical Contact Name THOMAS SHEPKER	Telephone Number (include area code) (330) 841 - 8200	
4.4	Public Contact Name JACK WALTER	Telephone Number (include area code) (330) 841 - 8206	
4.5	SIC Code (s) (4 digits) a. 3312 b. NA c. d. e. f.		
4.6	Latitude Degrees: 041 Minutes: 13 Seconds: 30	Longitude Degrees: 080 Minutes: 48 Seconds: 55	
4.7	Dun & Bradstreet Number(s) (9 digits) a. 188276935 b. NA	4.8 EPA identification Number (RCRA I.D. No.) (12 characters) a. OHD060409521 b. NA	4.9 Facility NPDES Permit Number(s) (9 characters) a. OHO101079 b. NA
		4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company NA <input checked="" type="checkbox"/>	
5.2	Parent Company's Dun & Bradstreet Number NA <input checked="" type="checkbox"/>	

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
44481-WRRNW-1040P
Toxic Chemical, Category or Generic Name
HYDROCHLORIC ACID

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 007647010
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) HYDROCHLORIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive) NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging		a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	06 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions NA <input type="checkbox"/>	6200	E	
5.2	Stack or point air emissions NA <input type="checkbox"/>	76300	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground injection onsite to Class II-V Wells NA <input type="checkbox"/>			

Additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc)

1

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

	NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5			
5.5.1A	<input checked="" type="checkbox"/>	NA	
5.5.1B	<input type="checkbox"/>		
5.5.2	<input checked="" type="checkbox"/>	NA	
5.5.3	<input checked="" type="checkbox"/>	NA	
5.5.4	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B. 1	POTW Name						
POTW Address							
City		State		County		Zip	-
6.1.B. 2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	OHD980793384
Off-Site Location Name	RESERVE ENVIRONMENTAL SERVICES, INC.	
Off-Site Address	4633 MIDDLE ROAD P.O. BOX 1038	
City	ASHTABULA	State OH County ASHTABULA Zip 44004-
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 170000	1. M	1. M61
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]						c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	1	A03	2	NA		7A.1c	7A.1d	7A.1e
A	3	4		5			2	85 %	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
	6	7		8					
7A.2a	7A.2b	1	A03	2	NA		7A.2c	7A.2d	7A.2e
A	3	4		5			2	95 %	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
	6	7		8					
7A.3a	7A.3b	1	A03	2	NA		7A.3c	7A.3d	7A.3e
A	3	4		5			2	95 %	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
	6	7		8					
7A.4a	7A.4b	1	A03	2	NA		7A.4c	7A.4d	7A.4e
A	3	4		5			2	95 %	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
	6	7		8					
7A.5a	7A.5b	1	A03	2	NA		7A.5c	7A.5d	7A.5e
A	3	4		5			2	98 %	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
	6	7		8					

Additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

2

Indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc.)

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 3 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?	
7A.1a	7A.1b	1	C11	2	NA	7A.1c	7A.1d	7A.1e
W	3	4		5		2	100 %	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
	6	7		8				
7A.2a	7A.2b	1		2		7A.2c	7A.2d	7A.2e
NA	3	4		5			0 %	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6	7		8				
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e
	3	4		5			%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6	7		8				
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e
	3	4		5			%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6	7		8				
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e
	3	4		5			%	Yes No <input type="checkbox"/> <input type="checkbox"/>
	6	7		8				

Additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

2

Indicate the Part II, Section 6.2/7A page number in this box : 2 (example: 1,2,3, etc)

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 NA

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. R40

2.

NA

3.

4.

5.

6.

7.

8.

9.

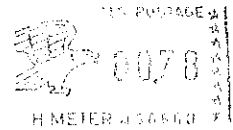
10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	83400	82500	85400	93700
8.2	Quantity used for energy recovery onsite	0	0	0	0
	Quantity used for energy recovery offsite	0	0	0	0
8.4	Quantity recycled onsite	16800000	16100000	16700000	18300000
8.5	Quantity recycled offsite	0	0	0	0
8.6	Quantity treated onsite	4700	670	690	760
8.7	Quantity treated offsite	48000	170000	49700	54500
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000.95	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, loading, unloading, leaking, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

WCI STEEL, INC.
1040 Pine Avenue
Warren, Ohio 44483



AUG 27 1996

*POST MARK DATE UNSCANNABLE.
VERIFIED AS AUG 23

First Class Mail

FIRST CLASS MAIL

WCI STEEL

AUG 27 1996

FROM :

T. O. Shepker, Environmental Control

TO

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3342

Attn: Toxic Chemical Release Inventory
Magnetic Media Submission

WCI Steel, Incorporated
1040 Pine Avenue, SE
Warren, OH 44483-6528

11504

WCI STEEL

Page 1 of 2 Pages.

WCI STEEL, INC.
1040 PINE AVENUE SE
WARREN, OH 44483-6528
TRI Fac. ID #44481WRRNW1040P
June 14, 1995

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3342
Attn: Toxic Chemical Release Inventory
Magnetic Media Submission

MD94-02651

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

WCI STEEL, INC.

This information is submitted as required under section 313, Title III of the Superfund Amendments and Reauthorization Act of 1986 and the Pollution Prevention Act of 1990.

A total of eight (8) reports are included from our facility, concerning the following chemicals:

Chemical Name	CAS Number
AMMONIA	007664-41-7
CHROMIUM COMPOUNDS	N090
HYDROCHLORIC ACID	007647-01-0
LEAD COMPOUNDS	N420
MANGANESE COMPOUNDS	N450
NICKEL COMPOUNDS	N495
SULFURIC ACID	007664-93-9
ZINC COMPOUNDS	N982

Our technical point of contact is:

THOMAS O. SHEPKER, Phone Number: (216) 841-8200,

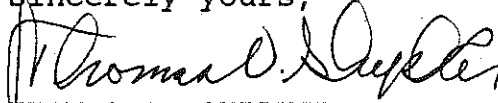
and is available should any questions or problems arise in your processing of these diskettes.

JUN 22 1995

Page 2 of 2 Pages.

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Thomas O. Shepker". The signature is fluid and cursive, with the first name "Thomas" being more prominent.

THOMAS O. SHEPKER
MANAGER ENVIRONMENTAL CONTROL
WCI STEEL, INC.

Enclosures

JUN 22 1995



FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

United States
Environmental Protection
Agency

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1994

13-94-080-07149-9-04

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: THOMAS O. SHEPKER
MANAGER ENVIRONMENTAL CONTROL

Signature: _____ Date Signed: 06/15/1995

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number		44481-WRRNW-1040P				
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)					
STEEL, INC.							
Street		Mailing Address					
1040 PINE AVENUE SE		NA					
City/County/State/Zip Code		City/County/State/Zip Code					
WARREN TRUMBULL OH 44483-6528							
4.2	This report contains information for: (Important: check a or b; check c if applicable)						
	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility				
4.3	Technical Contact Name	THOMAS O. SHEPKER	Telephone Number (include area code) (216) 841 - 8200				
4.4	Public Contact Name	JACK G. WALTER	Telephone Number (include area code) (216) 841 - 8206				
4.5	SIC Code (s) (4 digits)	a. 3312	b. NA	c. <input type="checkbox"/>			
4.6	Latitude	Degrees 041	Minutes 13	Seconds 30			
	Longitude	Degrees 080	Minutes 48	Seconds 55			
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 188276935	a. OHD060409521	a. OHO101079	a. NA				
b. NA	b. NA	b. NA	b. NA				

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA	<input checked="" type="checkbox"/>
	Parent Company's Dun & Bradstreet Number	NA	<input checked="" type="checkbox"/>

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 44481-WRRNW-1040P
 Toxic Chemical, Category or Generic Name
 HYDROCHLORIC ACID

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 007647010

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 HYDROCHLORIC ACID

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging	a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 06 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	860	E
5.2	Stack or point air emissions	NA <input type="checkbox"/>	82500	M
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA	
5.4.2	Underground injection onsite to Class II-V Wells	NA <input type="checkbox"/>		

Additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc)

1

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input type="checkbox"/>		
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B. 1	POTW Name						
POTW Address							
City		State		County		Zip	-
6.1.B. 2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	PAD004835146					
Off-Site Location Name		MILL SERVICES, INC.					
Off-Site Address		R. D. #1, BOX 135A					
City	YUKON	State	PA	County	WEST MORELAND	Zip	15698-
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 33000	1. M	1. M61
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.) OHD980793384

Off-Site location Name RESERVE ENVIRONMENTAL SERVICES, INC.

Off-Site Address 4633 MIDDLE ROAD, P.O. BOX 103 8

City ASHTABULA State OH County ASHTABULA Zip 44004-

Is location under control of reporting facility or parent company?

☐ Yes☒ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 14800	1. M	1. M61
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
A	1 A03 2 NA	2	85 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	3 4 5			
	6 7 8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
A	1 A03 2 NA	2	95 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	3 4 5			
	6 7 8			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
A	1 A03 2 NA	2	95 %	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	3 4 5			
	6 7 8			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
A	1 A03 2 NA	2	95 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	3 4 5			
	6 7 8			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
A	1 A03 2 NA	2	98 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	3 4 5			
	6 7 8			

Additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

2

Indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 3 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site location Name

NA

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. NA	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
W	3 4 5 6 7 8	2	100 %	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
NA	3 4 5 6 7 8		0 %	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

Additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

2

Indicate the Part II, Section 6.2/7A page number in this box : 2 (example: 1,2,3, etc)

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

HYDROCHLORIC ACID

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. NA 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

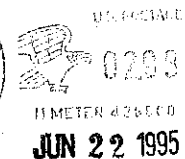
1. R40 2. NA 3. 4. 5. 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	110000	83400	75800
8.2	Quantity used for energy recovery onsite	0	0	0
	Quantity used for energy recovery offsite	0	0	0
8.4	Quantity recycled onsite	12000000	16800000	15300000
8.5	Quantity recycled offsite	0	0	0
8.6	Quantity treated onsite	1200000	4700	4300
8.7	Quantity treated offsite	27000	48000	44000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0
8.9	Production ratio or activity index			0000.98
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, loading, unloading, cleaning, washing, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

WCI STEEL, INC.
1040 Pine Avenue
Warren, Ohio 44483



First Class Mail

FIRST CLASS MAIL

WCI STEEL

FROM

TO EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
Attn: Toxic Chemical Release Inventory

WCI Steel, Incorporated
1040 Pine Avenue, SE
Warren, OH 44483-6528



MD94-02651

ENV-0005

(Important: Type or print; read instructions before completing form.)



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden

EPA FORM
R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional

Hydrochloric Acid 13-90-04521492-9-CH

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [] Sanitized [] Unsanitized	1.3 Reporting Year 1990
----	---	---	----------------------------

2. CERTIFICATION (Read and sign after completing all sections.)
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:
Thomas O. Shepker, Manager Environmental Control

Signature: *Thomas O. Shepker* Date signed: 6/21/91

3.1	3. FACILITY IDENTIFICATION Facility or Establishment Name Warren Consolidated Industries, Inc. Street Address 1040 Pine Avenue S.E. City Warren County Trumbull State Ohio Zip Code 44483 TRI Facility Identification Number 44481WRRNW1040P	WHERE TO SEND COMPLETED FORMS: 1. EPCRA REPORTING CENTER P.O. BOX 23779 WASHINGTON, DC 20026-3779 ATTN: TOXIC CHEMICAL RELEASE INVENTORY 2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)
-----	---	---

3.2	This report contains information for (Check only one): a. [X] An entire facility b. [] Part of a facility.					
3.3	Technical Contact Thomas O. Shepker				Telephone Number (include area code) 216-841-8200	
3.4	Public Contact Jack G. Walter				Telephone Number (include area code) 216-841-8206	
3.5	SIC Code (4 digit) a. 3312	b. NA	c.	d.	e.	f.
3.6	Latitude Degrees Minutes Seconds 041 13 30			Longitude Degrees Minutes Seconds 080 48 55		
3.7	Dun & Bradstreet Number(s) a. 18-827-6935 b. NA					
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. OHD060409521 b. NA					
3.9	NPDES Permit Number(s) a. OH0101079 b. NA					
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Mahoning River b. NA c. d. e. f.					
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA b.					

4. PARENT COMPANY INFORMATION	
4.1 Name of Parent Company NA	4.2 Parent Company's Dun & Bradstreet Number

JUN 27 1991



EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
CHEMICALS ARE TRANSFERRED IN WASTES

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name American Landfill, Inc.		2.2 Off-site location name Mill Services, Inc.	
EPA Identification Number (RCRA ID. No.) NA		EPA Identification Number (RCRA ID. No.) PAD004835146	
Street Address 7916 Chapel Street S.E.		Street Address R.D. 1 Box 135A	
City Waynesburg	County Stark	City Yukon	County West Moreland
State Ohio	Zip 44688	State Pennsylvania	Zip 15698
Is location under control of reporting facility or parent company? [] Yes [X] No		Is location under control of reporting facility or parent company? [] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	

[] Check if additional pages of Part II are attached. How many? _____



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

- 1.1 [Reserved]
- 1.2 CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.)
7647-01-0
- 1.3 Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.)
Hydrochloric Acid
- 1.4 Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)
NA

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

- Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).)
NA

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

- 3.1 Manufacture the chemical:
 a. ☐ Produce
 b. ☐ Import
 If produce or import:
 c. ☐ For on-site use/processing
 d. ☐ For sale/distribution
 e. ☐ As a byproduct
 f. ☐ As an impurity
- 3.2 Process the chemical:
 a. ☐ As a reactant
 b. ☐ As a formulation component
 c. ☐ As an article component
 d. ☐ Repackaging only
- 3.3 Otherwise use the chemical:
 a. ☐ As a chemical processing aid
 b. ☐ As a manufacturing aid
 c. ☒ Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

06 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year)			B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 1-10 11-499 500-999				
5.1 Fugitive or non-point air emissions	5.1a	[] [] [] []	1,200	5.1b	0	
5.2 Stack or point air emissions	5.2a	[] [] [] []	45,000	5.2b	E	
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.1 <input type="checkbox"/>	5.3.1a	[] [] [] []	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2 <input type="checkbox"/>	5.3.2a	[] [] [] []		5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a	[] [] [] []		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground Injection	5.4a	[] [] [] []	NA	5.4b	<input type="checkbox"/>	
5.5 Releases to land	5.5.1 On-site landfill	5.5.1a	[] [] [] []	NA	5.5.1b	<input type="checkbox"/>
	5.5.2 Land treatment/application farming	5.5.2a	[] [] [] []	NA	5.5.2b	<input type="checkbox"/>
	5.5.3 Surface Impoundment	5.5.3a	[] [] [] []	NA	5.5.3b	<input type="checkbox"/>
	5.5.4 Other disposal	5.5.4a	[] [] [] []	NA	5.5.4b	<input type="checkbox"/>

[] (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)

	A. Total Transfers (pounds/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 1-10 11-499 500-999		A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.)	1		NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.)	2		NA	6.2.1b	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II, Section 2.)	2			6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.)	2			6.2.3b	6.2.3c M

[] (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a A	7.1b A 0 3	7.1c 3	7.1d []	7.1e 95 %	7.1f [] [X]
7.2a A	7.2b A 0 3	7.2c 3	7.2d []	7.2e 85 %	7.2f [] [X]
7.3a A	7.3b A 0 3	7.3c 3	7.3d []	7.3e 95 %	7.3f [] [X]
7.4a A	7.4b A 0 3	7.4c 3	7.4d []	7.4e 95 %	7.4f [] [X]
7.5a A	7.5b A 0 3	7.5c 3	7.5d []	7.5e 95 %	7.5f [] [X]
7.6a	7.6b	7.6c	7.6d []	7.6e %	7.6f [] []
7.7a	7.7b	7.7c	7.7d []	7.7e %	7.7f [] []
7.8a	7.8b	7.8c	7.8d []	7.8e %	7.8f [] []
7.9a	7.9b	7.9c	7.9d []	7.9e %	7.9f [] []
7.10a	7.10b	7.10c	7.10d []	7.10e %	7.10f [] []

[] (Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C. Index	D. Reason for Action (enter code)
M	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	
				R

(Important: Type or print; read instructions before completing form.)

Page 5 of 5



EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III.
Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE
(Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/yr)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3. ___ a [] [] []		5.3. ___ b []	5.3. ___ c %
	5.3. ___ a [] [] []		5.3. ___ b []	5.3. ___ c %
	5.3. ___ a [] [] []		5.3. ___ b []	5.3. ___ c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS
(Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/yr)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 1-10 11-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.)	[] [] []		6.1. ___ b []	
6.2. Other off-site location (enter location number from Part II, Section 2.)	[] [] []		6.2. ___ b []	6.2. ___ c [M] []
6.2. Other off-site location (enter location number from Part II, Section 2.)	[] [] []		6.2. ___ b []	6.2. ___ c [M] []
6.2. Other off-site location (enter location number from Part II, Section 2.)	[] [] []		6.2. ___ b []	6.2. ___ c [M] []

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []
7. ___ a []	7. ___ b [] [] []	7. ___ c []	7. ___ d []	7. ___ e %	7. ___ f [] []

WRO

Warren Consolidated Industries, Inc.

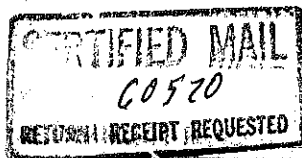
1040 Pine Avenue
Warren, Ohio 44483



JUN 27 1991

First Class Mail

EPCRA Reporting Center
470 L'Enfant Plaza East
Suite 7103, SW
Washington DC 20024
ATTN: Toxic Chemical Release Inventory



ENV-0005

Is your RETURN ADDRESS
completed on the reverse side?

Thank you for using
Return Receipt Service



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FORM R TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or General Name

HYDROCHLORIC ACID

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. Box 23779
Washington, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if
this is a revision

IMPORTANT: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.

13-92-065-12336-4

PART I. FACILITY IDENTIFICATION



SECTION 1.

REPORTING
YEAR

19 92

SECTION 2. TRADE SECRET INFORMATION

Are you claiming the toxic chemical identified on page 3 trade secret?

2.1

☐ Yes (Answer question 2.2:
Attach substantiation forms)

☒

No (Do not answer 2.2;
Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

THOMAS O. SHEPKER

Signature

Date Signed

6/21/93

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

WCI STEEL, INC.

TRI Facility ID Number

44481WRRNW1040P

Street Address

1040 PINE AVENUE SE

City

WARREN

County

TRUMBULL

State

OHIO

Zip Code

44483

Mailing Address (if different from street address)

NA

City

State

Zip Code

PUT LABEL HERE

JUN 25 1993



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EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical Category, or General Name

HYDROCHLORIC ACID

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	Technical Contact	Name THOMAS O. SHEPKER			Telephone Number (include area code) 216-841-8200	
4.4	Public Contact	Name JACK G. WALTERS			Telephone Number (include area code) 216-841-8206	
4.5	SIC Code (4-digit)	a. 3312	b. NA	c.	d.	e. f.
4.6	Latitude and Longitude	Latitude			Longitude	
Degrees		Minutes	Seconds	Degrees	Minutes	Seconds
41		13	30	80	48	55
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 18-827-6935	
					b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. OHD060409521	
					b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)				a. OH0101079	
					b. NA	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA	
					b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input checked="" type="checkbox"/> NA	
5.2	Parent Company's Dun & Bradstreet Number	
	<input checked="" type="checkbox"/> NA	(9 digits)



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PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

44481WERNW1040 P

Toxic Chemical Category, or Generic Name

Hydrochloric Acid

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this
section if you complete Section 2 below.)

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

7647-01-0

1.2

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Hydrochloric Acid

1.3

Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1

Manufacture
the toxic
chemical:

- a. ☐ Produce
b. ☐ Import

If produce or import:

- c. ☐ For on-site use/processing
d. ☐ For sale/distribution
e. ☐ As a byproduct
f. ☐ As an impurity

3.2

Process
the toxic
chemical:

- a. ☐ As a reactant
b. ☐ As a formulation component
c. ☐ As an article component
d. ☐ Repackaging

3.3

Otherwise use
the toxic
chemical:

- a. ☐ As a chemical processing aid
b. ☒ As a manufacturing aid
c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1

06

(Enter two-digit code from instruction package.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Hydrochloric Acid

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	840	E	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	61,000	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name				
	Mahoning River		16	0	100
5.3.2	Stream or Water Body Name				
	N/A				
5.3.3	Stream or Water Body Name				
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			

☐ Check here only if additional Section 5.3 information is provided on page 5 of this form.



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PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Hydrochloric Acid

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE
ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.____	Stream or Water Body Name			
	N/A			
5.3.____	Stream or Water Body Name			
5.3.____	Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
N/A	

6.1.B POTW Name and Location Information

6.1.B.____ POTW Name	6.1.B.____ POTW Name
Street Address	Street Address
City	City
County	County
State	State
Zip Code	Zip Code

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical Category, or Generic Name

Hydrochloric Acid

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-site EPA Identification Number (RCRA ID No.) OHD020273819		
Off-Site Location Name Chemical Waste Management, Inc.			
Street Address 3956 State Route 412			
City	Vickery	County	Sandusky
State	Ohio	Zip Code	43464
Is location under control of reporting facility or parent company?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 6700		1. M	
2. NA		2. M	
3.		3. M	
4.		4. M	
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. M 71			
2. M			
3. M			
4. M			

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2	Off-site EPA Identification Number (RCRA ID No.) PAD004835146		
Off-Site Location Name Mill Services, Inc.			
Street Address R.D. 1, Box 135A			
City	Yukon	County	West Moreland
State	PA	Zip Code	15698
Is location under control of reporting facility or parent company?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 18,000		1. M	
2. NA		2. M	
3.		3. M	
4.		4. M	
C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. M 61			
2. M			
3. M			
4. M			

If additional pages of Part II, Section 6.2 are attached, Indicate the total number of pages in this box and Indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



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**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Hydrochloric Acid

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.3	Off-site EPA Identification Number (RCRA ID No.)		
	OHD000724088		
Off-Site Location Name			
Eaglebrook of Ohio, Inc.			
Street Address			
17877 St. Clair Avenue			
City	Cleveland		County
			Cuyahoga
State	Zip Code	Is location under control of reporting facility or parent company?	
Ohio	44110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 36,000		1. M	1. M 93
2. NA		2.	2. M
3.		3.	3. M
4.		4.	4. M

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.	Off-site EPA Identification Number (RCRA ID No.)		
	NA		
Off-Site Location Name			
Street Address			
City			
		County	
State	Zip Code	Is location under control of reporting facility or parent company?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.		1.	1. M
2.		2.	2. M
3.		3.	3. M
4.		4.	4. M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Hydrochloric Acid

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))								c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?	
7A.1a	7A.1b	1	A03	2					7A.1c	7A.1d	7A.1e	
A		3		4		5			2	85 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		6		7		8						
7A.2a	7A.2b	1	A03	2					7A.2c	7A.2d	7A.2e	
		3		4		5			2	95 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		6		7		8						
7A.3a	7A.3b	1	A03	2					7A.3c	7A.3d	7A.3e	
A		3		4		5			2	95 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		6		7		8						
7A.4a	7A.4b	1	A03	2					7A.4c	7A.4d	7A.4e	
A		3		4		5			2	95 %	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		6		7		8						
7A.5a	7A.5b	1	A03	2					7A.5c	7A.5d	7A.5e	
A		3		4		5			2	98 %	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		6		7		8						

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Hydrochloric Acid

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?	
7A.1a	7A.1b	1	Cl1	2	7A.1c	7A.1d	7A.1e	
W	3		4		5		Yes No	
	6		7		8		<input checked="" type="checkbox"/> <input type="checkbox"/>	
					2	100%		
7A.2a	7A.2b	1		2	7A.2c	7A.2d	7A.2e	
NA	3		4		5		Yes No	
	6		7		8		<input type="checkbox"/> <input type="checkbox"/>	
						%		
7A.3a	7A.3b	1		2	7A.3c	7A.3d	7A.3e	
	3		4		5		Yes No	
	6		7		8		<input type="checkbox"/> <input type="checkbox"/>	
						%		
7A.4a	7A.4b	1		2	7A.4c	7A.4d	7A.4e	
	3		4		5		Yes No	
	6		7		8		<input type="checkbox"/> <input type="checkbox"/>	
						%		
7A.5a	7A.5b	1		2	7A.5c	7A.5d	7A.5e	
	3		4		5		Yes No	
	6		7		8		<input type="checkbox"/> <input type="checkbox"/>	
						%		

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**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

Hydrochloric Acid

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Chemical, Category, or Generic Name

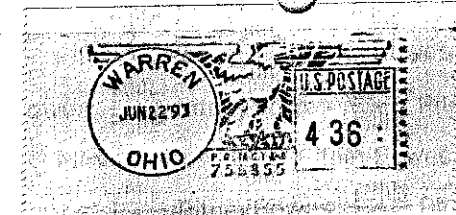
Hydrochloric Acid

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A 1991 (pounds/year)	Column B 1992 (pounds/year)	Column C 1993 (pounds/year)	Column D 1994 (pounds/year)
8.1	Quantity released *	43,000	69,000	70,000	70,000
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	10,000,000	9,700,000	10,000,000	10,000,000
8.5	Quantity recycled off-site	88,000	36,000	38,000	40,000
8.6	Quantity treated on-site	1,100,000	1,100,000	1,100,000	1,100,000
8.7	Quantity treated off-site	20,000	18,000	25,000	25,000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes. (pounds/year)			16	
8.9	Production ratio or activity index			.79	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment. Do not include any quantity treated on-site or off-site.

WCI STEEL, INC.
1040 Pine Avenue
Warren, Ohio 44483



JUN 25 1993

First Class Mail

FIRST CLASS MAIL

WCI STEEL

FROM

TO EPCRA REPORTING CENTER
c/o COMPUTER BASED SYSTEMS INC.
4301 N. FAIRFAX DRIVE
6th FLOOR, SUITE 650
ARLINGTON, VA 22203

WCI Steel, Incorporated
1040 Pine Avenue, SE
Warren, OH 44483-6528



ENV-0005

12324

DATE: 12/13/93

WCI STEEL INC. INC.
1040 PINE AVE. S.E.
WAPREN, OH 44483

R E L E A S E V A L U E R E P O R T

Document Control Nbr.	Chemical Name	CAS Number
13-92-06512336-4-OH	HYDROCHLORIC ACID	007647-01-0
5.1	Fugitive or non-point air emissions	840
5.2	Stack or point air emissions	61,000
5.3.A	Discharges to water bodies MAHONING RIVER	16
5.3.B	Discharges to water bodies NA	NA
5.4	Underground injections on-site	NA
5.5.1	Releases to landfill	NA
5.5.2	Releases to land treatment/application farming	NA
5.5.3	Releases to surface impoundment	NA
5.5.4	Releases to other land disposal	NA
6.2.01	Transfer to other off-site CHEMICAL WASTE MGMT. INC	6,700
6.2.01	Transfer to other off-site CHEMICAL WASTE MGMT. INC	NA
6.2.02	Transfer to other off-site MILL SERVICES INC.	18,000
6.2.02	Transfer to other off-site MILL SERVICES INC.	NA
6.2.03	Transfer to other off-site EAGLEBROOK OF OHIO INC.	36,000
6.2.03	Transfer to other off-site EAGLEBROOK OF OHIO INC.	NA
6.2.04	Transfer to other off-site	NA
6.1.A	Total quantity transferred to POTWs	NA
8.1.A	Quantity released	43,000
8.1.B	Quantity released	69,000
8.1.C	quantity released	70,000
8.1.D	Quantity released	70,000
8.2.A	Quantity used for energy recovery on-site	0
8.2.B	Quantity used for energy recovery on-site	0
8.2.C	Quantity used for energy recovery on-site	0
8.2.D	Quantity used for energy recovery on-site	0
8.3.A	Quantity used for energy recovery off-site	0
8.3.B	Quantity used for energy recovery off-site	0
8.3.C	Quantity used for energy recovery off-site	0
8.3.D	Quantity used for energy recovery off-site	0
8.4.A	Quantity recycled on-site	10,000,000
8.4.B	Quantity recycled on-site	9,700,000
8.4.C	Quantity recycled on-site	10,000,000
8.4.D	Quantity recycled on-site	10,000,000
8.5.A	Quantity recycled off-site	88,000
8.5.B	Quantity recycled off-site	36,000
8.5.C	Quantity recycled off-site	38,000
8.5.D	Quantity recycled off-site	40,000
8.6.A	Quantity treated on-site	1,100,000
8.6.B	Quantity treated on-site	1,100,000
8.6.C	Quantity treated on-site	1,100,000
8.6.D	Quantity treated on-site	1,100,000
8.7.A	Quantity treated off-site	20,000
8.7.B	Quantity treated off-site	18,000
8.7.C	Quantity treated off-site	25,000
8.7.D	Quantity treated off-site	25,000
8.8	Quantity released from catastrophic/remedial action	16
8.9	Production ratio or activity index	.79



June 23, 1992

EPCRA Reporting Center
470 L'Enfant Plaza East
Suite 7103 SW
Washington, D.C. 20024

Dear Sirs:

Enclosed is the Form R Report for WCI Steel, Inc.. Our facility ID number is 44481WRRNW1040P.

In previous years, the report with this facility ID number was filed under **Warren Consolidated Industries, Inc.** On November 29, 1991, Warren Consolidated Industries, Inc. officially changed the company name to **WCI Steel, Inc.** There was no change in the ownership of the company.

Please update your computer files to reflect this name change.

Sincerely,

Thomas O. Shepker
Manager
Environmental Control

TOS/yt

13-91-055-04168-5



13-91-055-04175-0



JUN 30 1992

United States
Environmental Protection
Agency**FORM R** TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORMSection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

**WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 23779
Washington, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**IMPORTANT:** See instructions to determine when "Not
Applicable (NA)" boxes should be checked.

13-91-055-04170-9

PART I. FACILITY IDENTIFICATION IN**SECTION 1.****REPORTING
YEAR**19 91**SECTION 2. TRADE SECRET INFORMATION**

Are you claiming the toxic chemical identified on page 3 trade secret?

2.1☐ Yes (Answer question 2.2;
Attach substantiation forms) ☒ No (Do not answer 2.2;
Go to Section 3)**2.2**If yes in 2.1, is this copy: ☐ Sanitized ☐ Unsanitized**SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)**I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the
submitted information is true and complete and that the amounts and values in this report are accurate based on
reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

THOMAS O. SHEPKER MANAGER ENVIRONMENTAL CONTROL

Signature

Date Signed

6/18/92

SECTION 4. FACILITY IDENTIFICATION**4.1**

Facility or Establishment Name

WCI STEEL, INC.

TRI Facility ID Number

44481WRRNW1040P

Street Address

1040 PINE AVENUE SE

City

WARREN

County

TRUMBULL

State

OHIO

Zip Code

44483

Mailing Address (if different from street address)

NA

City

State

Zip Code

PUT LABEL HERE



United States
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Agency

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	Technical Contact	Name	THOMAS O. SHEPKER			Telephone Number (include area code)
						216-841-8200
4.4	Public Contact	Name	JACK G. WALTERS			Telephone Number (include area code)
						216-841-8206
4.5	SIC Code (4-digit)	a. 3312	b. NA	c.	d.	e. f.
4.6	Latitude and Longitude	Latitude			Longitude	
		Degrees	Minutes	Seconds	Degrees	Minutes Seconds
		41	13	30	80	48 55
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 18-827-6935	
					b. NA	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. OHD060409521	
					b. NA	
4.9	Facility NPDES Permit Number(s) (9 characters)				a. OH0101079	
					b. NA	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA	
					b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	<input checked="" type="checkbox"/> NA
2	Parent Company's Dun & Bradstreet Number	<input checked="" type="checkbox"/> NA (9 digits)



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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this
section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	7647-01-0
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	HYDROCHLORIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	<u>If produce or import:</u> c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	06	(Enter two-digit code from instruction package.)
-----	----	--



United States
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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	840	E	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	36,000	E	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1 Stream or Water Body Name					
NA					
5.3.2 Stream or Water Body Name					
5.3.3 Stream or Water Body Name					
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			

☐ Check here only if additional Section 5.3 information is provided on page 5 of this form.



United States
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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.____	Stream or Water Body Name			
	NA			
5.3.____	Stream or Water Body Name			
5.3.____	Stream or Water Body Name			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B POTW Name and Location Information

6.1.B.____ POTW Name	6.1.B.____ POTW Name
Street Address	Street Address
City	City
County	County
State	State
Zip Code	Zip Code

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here.
(example: 1, 2, 3, etc.)



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Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)			
OHD020273819			
Off-Site Location Name			
CHEMICAL WASTE MANAGEMENT, INC.			
Street Address			
3956 STATE ROUTE 412			
City		County	
VICKERY		SANDUSKY	
State	Zip Code	Is location under control of reporting facility or parent company?	
OHIO	43464	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 5900		1. M	
2. NA		2. M	
3.		3. M	
4.		4. M	

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.2 Off-site EPA Identification Number (RCRA ID No.)			
PAD004835146			
Off-Site Location Name			
MILL SERVICES, INC.			
Street Address			
R.D. 1, BOX 135A			
City		County	
YUKON		WEST MORELAND	
State	Zip Code	Is location under control of reporting facility or parent company?	
PA	15698	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)	
1. 19,600		1. M	
2. NA		2. M	
3.		3. M	
4.		4. M	

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.3	Off-site EPA Identification Number (RCRA ID No.)			
	OHD000724088			
Off-Site Location Name				
EAGLEBROOK OF OHIO, INC.				
Street Address				
17877 ST. CLAIR AVENUE				
City			County	
CLEVELAND			CUYAHOGA	
State		Zip Code	Is location under control of reporting facility or parent company?	
OHIO		44110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 88,000		1. M		1. M 93
2. NA		2.		2. M
3.		3.		3. M
		4.		4. M

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.	Off-site EPA Identification Number (RCRA ID No.)			
	NA			
Off-Site Location Name				
Street Address				
City				
County				
State		Zip Code	Is location under control of reporting facility or parent company?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.		1.		1. M
2.		2.		2. M
3.		3.		3. M
		4.		4. M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?	
7A.1a	7A.1b	1	A03	2	7A.1c	7A.1d	7A.1e	
A	3	4	5	6	2	85 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	6	7	8					
7A.2a	7A.2b	1	A03	2	7A.2c	7A.2d	7A.2e	
A	3	4	5	6	2	95 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	6	7	8					
7A.3a	7A.3b	1	A03	2	7A.3c	7A.3d	7A.3e	
A	3	4	5	6	2	95 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	6	7	8					
7A.4a	7A.4b	1	A03	2	7A.4c	7A.4d	7A.4e	
A	3	4	5	6	2	95 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	6	7	8					
7A.5a	7A.5b	1	A03	2	7A.5c	7A.5d	7A.5e	
A	3	4	5	6	2	95 %	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	6	7	8					

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



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Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical, Category, or Generic Name

HYDROCHLORIC ACID

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
W	1 C11 2	2	100 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	3 4 5 6 7 8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
NA	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Toxic Chemical Category, or Generic Name

HYDROCHLORIC ACID

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

44481WRRNW1040P

Chemical, Category, or Generic Name

HYDROCHLORIC ACID

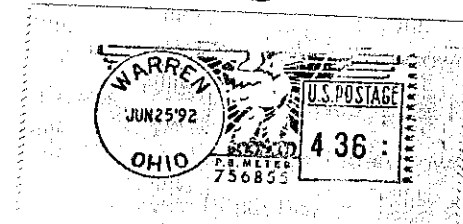
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

*All quantity estimates can be reported
using up to two significant figures.*

	Column A 1990 (pounds/year)	Column B 1991 (pounds/year)	Column C 1992 (pounds/year)	Column D 1993 (pounds/year)
8.1 Quantity released *	45,000	43,000	45,000	47,000
8.2 Quantity used for energy recovery on-site	0	0	0	0
8.3 Quantity used for energy recovery off-site	0	0	0	0
8.4 Quantity recycled on-site	14,000,000	10,000,000	10,000,000	11,000,000
8.5 Quantity recycled off-site	400,000	88,000	85,000	80,000
8.6 Quantity treated on-site	1,100,000	1,100,000	1,100,000	1,100,000
Quantity treated off-site	30,000	20,000	20,000	30,000
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9 Production ratio or activity index	.93			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

WCI STEEL, INC.
1040 Pine Avenue
Warren, Ohio 44483



JUN 30 1992

First Class Mail

EPCRA REPORTING CENTER
470 L'ENFANT PLAZA EAST
SUITE 7103 SW
WASHINGTON D.C. 20024



(Important: Type or print and instructions before completing form.)



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response.

13-88-02549879-9-CH

EPA FORM
RPART I.
FACILITY
IDENTIFICATION
INFORMATION

(This space for your optional use.)

Washington, D.C. 20460 Attn: TRI
Burden and to the Office of Information
and Regulatory Affairs, Office of
Management and Budget Paperwork
Reduction Project (2070-0093),
Washington, D.C. 20603.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 88
----	--	---	-----------------------------

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Raymond A. Zeuner, Chief Engineer

Signature

Raymond A. Zeuner

Date signed

6/28/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name Warren Consolidated Industries, Inc.	
	Street Address 1040 Pine Avenue S.E.	
	City Warren	County Trumbull
	State Ohio	Zip Code 44483

WHERE TO SEND COMPLETED FORMS:

- U.S. ENVIRONMENTAL PROTECTION AGENCY
P.O. BOX 70266
WASHINGTON, DC 20024-0266
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
- APPROPRIATE STATE OFFICE (See instructions Appendix E)

3.2	This report contains information for (Check one): a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility.					
3.3	Technical Contact Thomas O. Shepker				Telephone Number (Include area code) (216) 841-8200	
3.4	Public Contact Jack G. Walter				Telephone Number (Include area code) (216) 841-8206	
3.5	SIC Code (4 digit) a. 3312		b.	c.	d.	e. f.
3.6	Latitude Degrees Minutes Seconds 041 13 30			Longitude Degrees Minutes Seconds 080 48 55		
3.7	Dun & Bradstreet Number(s) a. 18-827-6935				b.	
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. OHD 060409521				b.	
3.9	NPDES Permit Number(s) a. OH 0011274				b.	
3.10	Receiving Streams or Water Bodies (enter one name per box) a. Mahoning River				b.	
	c.				d.	
	e.				f. JUL 06 1989	
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. N/A				b. JUL 06 1989	

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company	
4.2	Parent Company's Dun & Bradstreet Number	



EPA FORM R
**PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
 CHEMICALS ARE TRANSFERRED IN WASTES**

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name N/A		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name Four County Landfill		2.2 Off-site location name Adams Center Landfill	
EPA Identification Number (RCRA ID. No.) IND 000780544		EPA Identification Number (RCRA ID. No.) IND 078911146	
Street Address Rural Rt. #4 P. O. Box 341		Street Address 4636 Adams Center Road	
City Rochester	County Fulton	City Fort Wayne	County Allen
State Indiana	Zip 46975	State Indiana	Zip 46806
Is location under control of reporting facility or parent company? [] Yes [X] No		Is location under control of reporting facility or parent company? [] Yes [X] No	

2.3 Off-site location name Mill Service, Inc.		2.4 Off-site location name By Products	
EPA Identification Number (RCRA ID. No.) PAD 004835146		EPA Identification Number (RCRA ID. No.) OHD 000724088	
Street Address R.D. 1 Box 135A		Street Address 17877 St. Clair Avenue	
City Yukon	County West Moreland	City Cleveland	County Cuyahoga
State Pennsylvania	Zip 15698	State Ohio	Zip 44110
Is location under control of reporting facility or parent company? [] Yes [X] No		Is location under control of reporting facility or parent company? [] Yes [X] No	

2.5 Off-site location name BFI Columbiana Landfill		2.6 Off-site location name Chemclear	
EPA Identification Number (RCRA ID. No.) N/A		EPA Identification Number (RCRA ID. No.) OHD 000724153	
Street Address 9960 S. Range Road		Street Address 2900 Broadway	
City Salem	County Columbiana	City Cleveland	County Cuyahoga
State Ohio	Zip 44460	State Ohio	Zip 44110
Is location under control of reporting facility or parent company? [] Yes [X] No		Is location under control of reporting facility or parent company? [] Yes [X] No	

[] Check if additional pages of Part II are attached. How many? _____



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 7647-01-0
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Hydrochloric Acid
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.) N/A

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).) N/A
----	---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/processing e. <input type="checkbox"/> As a byproduct	d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
3.2	Process the chemical: a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging only	b. <input type="checkbox"/> As a formulation component	e. <input type="checkbox"/> As an article component
3.3	Otherwise use the chemical: a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input checked="" type="checkbox"/> Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

06	(enter code)
----	--------------

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (lbs/yr)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15,000	5.1b <input type="checkbox"/> 0		
5.2 Stack or point air emissions	5.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	39,000	5.2b <input type="checkbox"/> E		
5.3 Discharges to receiving streams or water bodies	5.3.1 <input type="checkbox"/> A	5.3.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A	5.3.1b <input type="checkbox"/>	5.3.1c N/A
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.2 <input type="checkbox"/>	5.3.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.3.2b <input type="checkbox"/>	5.3.2c
	5.3.3 <input type="checkbox"/>	5.3.3a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.3.3b <input type="checkbox"/>	5.3.3c
5.4 Underground Injection	5.4a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A	5.4b <input type="checkbox"/>		
5.5 Releases to land					
5.5.1 On-site landfill	5.5.1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A	5.5.1b <input type="checkbox"/>		
5.5.2 Land treatment/application farming	5.5.2a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.5.2b <input type="checkbox"/>		
5.5.3 Surface impoundment	5.5.3a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.5.3b <input type="checkbox"/>		
5.5.4 Other disposal	5.5.4a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5.5.4b <input type="checkbox"/>		

☐ (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)

(This space for your optional use.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part I, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []	N/A	6.1.1b <input type="checkbox"/>	
6.2.1 Other off-site location (enter location number from Part I, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []	N/A	6.2.1b <input type="checkbox"/>	6.2.1c <input type="checkbox"/> M <input type="checkbox"/>
6.2.2 Other off-site location (enter location number from Part I, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2.2b <input type="checkbox"/>	6.2.2c <input type="checkbox"/> M <input type="checkbox"/>
6.2.3 Other off-site location (enter location number from Part I, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2.3b <input type="checkbox"/>	6.2.3c <input type="checkbox"/> M <input type="checkbox"/>

[] (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.1a <input type="checkbox"/> A	7.1b <input type="checkbox"/> A 0 3	7.1c <input type="checkbox"/> 3	7.1d []	7.1e 95 %	7.1f [] [X]
7.2a <input type="checkbox"/> A	7.2b <input type="checkbox"/> A 0 3	7.2c <input type="checkbox"/> 3	7.2d []	7.2e 85 %	7.2f [] [X]
7.3a <input type="checkbox"/> A	7.3b <input type="checkbox"/> A 0 3	7.3c <input type="checkbox"/> 3	7.3d []	7.3e 95 %	7.3f [] [X]
7.4a <input type="checkbox"/> A	7.4b <input type="checkbox"/> A 0 3	7.4c <input type="checkbox"/> 3	7.4d []	7.4e 95 %	7.4f [] [X]
7.5a <input type="checkbox"/> A	7.5b <input type="checkbox"/> A 0 3	7.5c <input type="checkbox"/> 3	7.5d []	7.5e 95 %	7.5f [] [X]
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/> N / A	7.6c <input type="checkbox"/>	7.6d []	7.6e %	7.6f [] []
7.7a <input type="checkbox"/>	7.7b [] [] []	7.7c <input type="checkbox"/>	7.7d []	7.7e %	7.7f [] []
7.8a <input type="checkbox"/>	7.8b [] [] []	7.8c <input type="checkbox"/>	7.8d []	7.8e %	7.8f [] []
7.9a <input type="checkbox"/>	7.9b [] [] []	7.9c <input type="checkbox"/>	7.9d []	7.9e %	7.9f [] []
7.10a <input type="checkbox"/>	7.10b [] [] []	7.10c <input type="checkbox"/>	7.10d []	7.10e %	7.10f [] []

[] (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Wastes Prior to Treatment or Disposal			C. Index	D. Reason for Action (enter code)
	Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change		
<input type="checkbox"/> M <input type="checkbox"/>	_____	_____	_____ %	<input type="checkbox"/> . <input type="checkbox"/>	<input type="checkbox"/> R <input type="checkbox"/>



EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE
(Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (lbs/yr)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c
5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS
(Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part I, Section 1.) 1 <input type="checkbox"/>	[] [] []		6.1. <input type="checkbox"/> b	
6.2. Other off-site location (enter location number from Part I, Section 2.) 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part I, Section 2.) 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part I, Section 2.) 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []



JUL 06 1989



1040 Pine Ave. S.E.
Warren, OH 44483-6528

From: D. J. Calderwood, Environmental **First Class Mail**

To: U.S. Environmental Protection Agency
P. O. Box 70266
Washington, D.C. 20024-0266

Attn: Toxic Chemical Release Inventory

GD-693-W 7-88



WARREN

Consolidated Industries, Inc.
Environmental Control
(216) 841-8200

June 21, 1990

Environmental Protection Agency
Title III Reporting Center
P. O. Box 23779
Washington, D.C. 20026-3779

13-89-03521183-2-OH

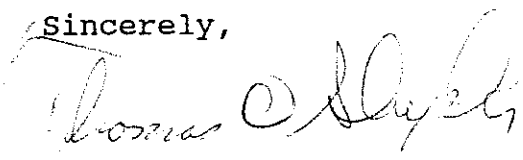
13-89-03521190-7-OH

Dear Sir:

I have enclosed the 1989 Toxic Release Inventory Form Rs for Warren Consolidated Industries, Inc.

If you have any question or need further clarification, please contact me at (216) 841-8200.

Sincerely,


Thomas O. Shepker
Mgr. Environmental Control

TOS:cdf
#26

Enclosure

JUN 26 1990

(Important: Type or print; read instructions before completing form.)



U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20460 Attn: Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093).

EPA FORM
R**PART I.
FACILITY
IDENTIFICATION
INFORMATION**

13-89-03521185-7-04

1.1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2; Attach substantiation forms.) <input checked="" type="checkbox"/> No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized	1.3 Reporting Year 19 <u>89</u>
--	---	------------------------------------

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

James V. Stack, President

Signature

Date signed

3. FACILITY IDENTIFICATION

Facility or Establishment Name Warren Consolidated Industries, Inc.	
Street Address 1040 Pine Avenue S.E.	
City Warren	County Trumbull
State Ohio	Zip Code 44483
TRI Facility Identification Number 44481WRRNW1040P	

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
P.O. BOX 23779
WASHINGTON, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)

3.2 This report contains information for (Check only one): a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility.	
3.3 Technical Contact Thomas O. Shepker	Telephone Number (include area code) (216) 841-8200
3.4 Public Contact Jack G. Walter	Telephone Number (include area code) (216) 841-8206
3.5 SIC Code (4 digit) a. 3312 b. NA c. d. e. f.	
3.6 Latitude Degrees Minutes Seconds 041 13 30	Longitude Degrees Minutes Seconds 080 48 55
3.7 Dun & Bradstreet Number(s) a. 18-827-6935 b. NA	
3.8 EPA Identification Number(s) (RCRA I.D. No.) a. OHD060409521 b. NA	
3.9 NPDES Permit Number(s) a. OH0011274 b. NA	
3.10 Receiving Streams or Water Bodies (enter one name per box) a. Mahoning River b. NA	
3.11 Underground Injection Well Code (UIC) Identification Number(s) a. NA b.	

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company NA	4.2 Parent Company's Dun & Bradstreet Number
----------------------------------	--



EPA FORM R **PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES**

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name NA		1.2 POTW name	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name BFI Columbiana Landfill		2.2 Off-site location name American Landfill, Inc.	
EPA Identification Number (RCRA ID. No.) NA		EPA Identification Number (RCRA ID. No.) NA	
Street Address 9960 S. Range Road		Street Address 7916 Chapel Street S.E.	
City Salem	County Columbiana	City Waynesburg	County Stark
State Ohio	Zip 44460	State Ohio	Zip 44688
Is location under control of reporting facility or parent company? [] Yes [X] No		Is location under control of reporting facility or parent company? [] Yes [X] No	

2.3 Off-site location name Mill Services, Inc.		2.4 Off-site location name Envirite	
EPA Identification Number (RCRA ID. No.) PAD004835146		EPA Identification Number (RCRA ID. No.) OHD980568992	
Street Address R.D. 1 Box 135A		Street Address 2050 Central Avenue S.E.	
City Yukon	County West Moreland	City Canton	County Stark
State Pennsylvania	Zip 15698	State Ohio	Zip 44707
Is location under control of reporting facility or parent company? [] Yes [X] No		Is location under control of reporting facility or parent company? [] Yes [X] No	
2.5 Off-site location name NA		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [] Yes [] No		Is location under control of reporting facility or parent company? [] Yes [] No	
[] Check if additional pages of Part II are attached. How many? _____			



EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 7647-01-0
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) Hydrochloric Acid
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.) NA

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

2.	Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation).) NA
----	--

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture the chemical:	a. <input type="checkbox"/> Produce	If produce or import:		c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution
		b. <input type="checkbox"/> Import	e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity		
3.2	Process the chemical:	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component		
		d. <input type="checkbox"/> Repackaging only				
3.3	Otherwise use the chemical:	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid	c. <input checked="" type="checkbox"/> Ancillary or other use		

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

<input type="text" value="0"/> <input type="text" value="6"/> (enter code)
--

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % From Stormwater
		A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		14,000	5.1b <input type="text" value="0"/>	
5.2 Stack or point air emissions	5.2a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		36,000	5.2b <input type="text" value="E"/>	
5.3 Discharges to receiving streams or water bodies (Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.1 <input type="checkbox"/>	5.3.1a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	NA	5.3.1b <input type="checkbox"/>	5.3.1c %
	5.3.2 <input type="checkbox"/>	5.3.2a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		5.3.2b <input type="checkbox"/>	5.3.2c %
	5.3.3 <input type="checkbox"/>	5.3.3a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		5.3.3b <input type="checkbox"/>	5.3.3c %
5.4 Underground injection on-site	5.4a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		NA	5.4b <input type="checkbox"/>	
5.5 Releases to land on-site	5.5.1 Landfill	5.5.1a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	NA	5.5.1b <input type="checkbox"/>	
	5.5.2 Land treatment/application farming	5.5.2a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	NA	5.5.2b <input type="checkbox"/>	
	5.5.3 Surface impoundment	5.5.3a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	NA	5.5.3b <input type="checkbox"/>	
	5.5.4 Other disposal	5.5.4a <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	NA	5.5.4b <input type="checkbox"/>	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)



EPA FORM R **PART IV. SUPPLEMENTAL INFORMATION**

Use this section if you need additional space for answers to questions in Part III.
 Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
5.3 Discharges to receiving streams or water bodies 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %
5.3. <input type="checkbox"/>	5.3. <input type="checkbox"/> a [] [] []		5.3. <input type="checkbox"/> b	5.3. <input type="checkbox"/> c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)
	A.1 Reporting Ranges 0 1-499 500-999	A.2 Enter Estimate		
6.1. Discharge to POTW (enter location number from Part II, Section 1.) <input type="checkbox"/> 1 <input type="checkbox"/>	[] [] []		6.1. <input type="checkbox"/> b	
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>
6.2. Other off-site location (enter location number from Part II, Section 2.) <input type="checkbox"/> 2 <input type="checkbox"/>	[] [] []		6.2. <input type="checkbox"/> b	6.2. <input type="checkbox"/> c M <input type="checkbox"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []
7. <input type="checkbox"/> a <input type="checkbox"/>	7. <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. <input type="checkbox"/> c <input type="checkbox"/>	7. <input type="checkbox"/> d []	7. <input type="checkbox"/> e %	7. <input type="checkbox"/> f [] []

Warren Consolidated Industries, Inc.

1040 Pine Avenue
Warren, Ohio 44483



JUN 26 1990



1040 Pine Ave. S.E.
Warren, OH 44483-6528

Environmental Control
From: C.F. Sevastos

First Class Mail

To: Title III Reporting Center
Environmental Protection Agency
P. O. Box 23779
Washington D.C. 20026-3779

GD-693-W 7-88



ENV-0005

Is your RETURN ADDRESS
completed for the private mail?

Thank you for using
Government Service.



United States
Environmental Protection
Agency

FORM R**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 1997**

13-97-110-02671-7-0H

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

THOMAS O. SHEPKER

MANAGER ENVIRONMENTAL CONTROL

06/10/1998

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number		44481-WRRNW-1040P				
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)					
STEEL, INC.							
Street		Mailing Address					
1040 PINE AVENUE SE							
City/County/State/Zip Code		City/County/State/Zip Code					
WARREN TRUMBULL OH 44483-6528							
4.2	This report contains information for: (Important: check a or b; check c if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility						
4.3	Technical Contact Name	THOMAS SHEPKER		Telephone Number (include area code) (330) 841 - 8200			
4.4	Public Contact Name	TIM ROBERTS		Telephone Number (include area code) (330) 841 - 8205			
4.5	SIC Code (s) (4 digits)	a. 3312	b.	c. d. e. f.			
4.6	Latitude	Degrees 041	Minutes 13	Seconds 30			
		Longitude		Degrees 080			
				Minutes 48			
				Seconds 55			
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 188276935	a. OHD060409521	a. OH0101079	a. NA				
b. NA	b. NA	b. NA	b.				

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA	<input checked="" type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA	<input checked="" type="checkbox"/>

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 44481-WRRNW-1040P
 Toxic Chemical, Category or Generic Name
 PHOSPHORIC ACID

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 007664382
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) PHOSPHORIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive) NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
-----	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	3.2	Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input checked="" type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging	3.3	Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
-----	--	-----	---	-----	---

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03 (Enter two-digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions NA <input checked="" type="checkbox"/>	NA		
5.2	Stack or point air emissions NA <input checked="" type="checkbox"/>	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground injection onsite to Class II-V Wells NA <input checked="" type="checkbox"/>	NA		

Additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc)

1

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category, or Generic Name

PHOSPHORIC ACID

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

I.B. 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	-
6.1.B. 2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	NA					
Off-Site Location Name		NA					
Off-Site Address							
City		State		County		Zip	
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

PHOSPHORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2 2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?																
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e																
W	<table border="1"> <tr> <td>1</td> <td>C11</td> <td>2</td> <td>NA</td> </tr> <tr> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	1	C11	2	NA	3		5		6		8		3	100 %	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	C11	2	NA																	
3		5																		
6		8																		
Yes	No																			
<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e																
NA	<table border="1"> <tr> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	1		2		3		5		6		8			0 %	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e																
	<table border="1"> <tr> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	1		2		3		5		6		8			%	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e																
	<table border="1"> <tr> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	1		2		3		5		6		8			%	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e																
	<table border="1"> <tr> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	1		2		3		5		6		8			%	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			

Additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

1

Indicate the Part II, Section 6.2/7A page number in this box : 1 (example: 1,2,3, etc)

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

44481-WRRNW-1040P

Toxic Chemical, Category or Generic Name

PHOSPHORIC ACID

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. NA 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA 2. 3. 4. 5.
6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1 Quantity released **	0	0	0	0
8.2 Quantity used for energy recovery onsite	0	0	0	0
Quantity used for energy recovery offsite	0	0	0	0
8.4 Quantity recycled onsite	0	0	0	0
8.5 Quantity recycled offsite	0	0	0	0
8.6 Quantity treated onsite	960	970	1000	1000
8.7 Quantity treated offsite	0	0	0	0
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9 Production ratio or activity index	0001.01			
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1 NA	a.	b.	c.	
8.10.2	a.	b.	c.	
8.10.3	a.	b.	c.	
8.10.4	a.	b.	c.	
8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, loading, unloading, cleaning, washing, burning, composting, incinerating, or disposing into the environment." Do not include any quantity treated onsite or offsite.

WCI STEEL, INC.
1040 Pine Avenue
Warren, Ohio 44483

Z 15D 214 730

MAIL



U.S. POSTAGE

0325

H METER 550978

JUN 15 1998

First Class Mail

FIRST CLASS MAIL

WCI STEEL

FROM WCI Steel, Inc.

TO
EPCRA Reporting Center
c/o Computer Based Systems, Inc.
Suite 300
4600 North Fairfax Drive
Arlington, VA 22203

WCI Steel, Incorporated
1040 Pine Avenue, SE
Warren, OH 44483-0528

ENV-0005

1992 FACILITY ANNUAL HAZARDOUS WASTE REPORT

For the calendar year ending December 31, 1992

The information requested herein is required by Rules 3745-54-75 and 3745-65-75 as applicable of the Ohio Administrative Code.

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.

Please print/type with elite type (12 characters per inch)

LABEL BELOW IS FOR REFERENCE ONLY; SECTIONS I. THROUGH VII. MUST BE COMPLETED.

I. FACILITY'S EPA I.D. NUMBER

O H D 0 6 0 4 0 9 5 2 1

OHD060409521-EPA ID.

SIC CODE-3312

WCI STEEL INC.

1040 PINE AVENUE SE

WARREN

THOMAS J SHEPKER

OH 44483-

(216) 841-3200

II. NAME OF FACILITY

W C I S T E E L , I N C .

III. FACILITY MAILING ADDRESS

1 0 4 0 P I N E A V E N U E S E

Street or P.O. Box

W A R R E N

City or Town

O H

State

4 4 4 8 3 - 6 5 2 8

Zip Code

IV. LOCATION OF FACILITY

1 0 4 0 P I N E A V E N U E S E

Street

W A R R E N

City or Town

O H

State

7 8

County Code

4 4 4 8 3

Zip Code

3 3 1 2

Primary SIC Code

V. FACILITY CONTACT

S H E P K E R T H O M A S

Name (last and first)

2 1 6 - 8 4 1 - 8 2 0 0

Phone No. (area code & no.)

VI. COST ESTIMATES FOR FACILITY

A. Cost Estimate for Facility Closure

\$ 1 6 4 , 2 8 5 . 0 0

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

\$, , . 0 0

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

JAMES V. STACK / PRESIDENT

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Page 1 of 5

FACILITY ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

GENERATOR INFORMATION

(specify generator from which all wastes on this page were received)

VIII. FACILITY'S EPA I.D. NO.

OH D 06 04 09 52 1

IX. GENERATOR'S EPA I.D. NO.

X. GENERATOR NAME

OH D 06 04 09 52 1

W Q I S T E E L I N C

XI. GENERATOR'S ADDRESS

1040 PINE AVENUE SE

Street

WARREN

City or Town

OH

State

44483

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. HANDLING METHOD (enter code)	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF
1	S P E N T P I C K L E L I Q U O R H C L F R O M I S T E E L P R O C E S S I N G	S 0 2	K 0 6 2 D 0 0 6	14490	I
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

FACILITY ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

GENERATOR INFORMATION

(specify generator from which all wastes on this page were received)

VIII. FACILITY'S EPA I.D. NO.

O H D 0 6 0 4 0 9 5 2 1

IX. GENERATOR'S EPA I.D.NO.

X. GENERATOR NAME

O H D 0 0 4 4 6 1 9 2 7

G R E E R S T E E L

XI. GENERATOR'S ADDRESS

6 2 4 B O U L E V A R D

Street

D O V E R

City or Town

O H

State

4 4 6 2 2

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. HANDLING METHOD (enter code)	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	S P E N T P I C K L E L I Q U O R H C L F R O M S T E E L F I N I S H I N G	T 1 8	K 0 6 2 D 0 0 6	3 5 1 5 4 7 0	P
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

XII. Handling code T18. Acid regeneration process where spent pickle liquor is regenerated into virgin hydrochloric acid, with iron oxide produced as a by-product.

OHIO ENVIRONMENTAL PROTECTION AGENCY

FACILITY ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

GENERATOR INFORMATION

(specify generator from which all wastes on this page were received)

VIII. FACILITY'S EPA I.D. NO.

OH D 060409521

IX. GENERATOR'S EPA I.D. NO.

X. GENERATOR NAME

OH D 000724088

EAGLEBROOK OF OHIO INC.

XI. GENERATOR'S ADDRESS

17877 ST CLAIR AVENUE

Street

CLEVELAND

City or Town

OH

State

44110

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. HANDLING METHOD (enter code)	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	SPENT PICKLE LIQUOR HCL FROM STEEL FINISHING	T 18	K 062 D 006	10635970	P
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

XII. Handling code T18. Acid regeneration process where spent pickle liquor is regenerated into virgin hydrochloric acid, with iron oxide produced as a by-product.

FACILITY ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

GENERATOR INFORMATION

(specify generator from which all wastes on this page were received)

VIII. FACILITY'S EPA I.D. NO.

O H D 0 6 0 4 0 9 5 2 1

IX. GENERATOR'S EPA I.D.NO.

X. GENERATOR NAME

P A D 0 9 2 8 1 1 4 1 3

W H E A T L A N D I S T E E L P R O C E S S I N G C O .

XI. GENERATOR'S ADDRESS

1 7 0 0 V I C T O R P O S N E R B L V D .

Street

W H E A T L A N D

City or Town

P A

State

1 6 1 6 1

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. HANDLING METHOD (enter code)	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	S P E N T P I C K L E L I Q U O R H C L F R O M S T E E L P R O C E S S I N G	T 1 8	K 0 6 2 D 0 0 6	4 5 7 0 8 0 P	
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

XII. Handling code T18. Acid regeneration process where spent pickle liquor is regenerated into virgin hydrochloric acid, with iron oxide produced as a by-product.

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

FACILITY INFORMATION

(specify receiving facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

10 18 10 10 16 10 14 10 19 15 12 11

IX. FACILITY'S EPA I.D.NO.

X. FACILITY NAME

01 H 01 01 01 01 7 2 4 01 8 8

E A G L E B R O O K O F O H I O I N C .

XI. FACILITY'S ADDRESS

1 7 8 7 7 S T C L A I R A V E N U E

Street

C L E V E L A N D

City or Town

O H

State

4 4 1 1 0

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	S P E N T P I C K L E L I Q U O R H G L F R O M S T E E L P R O C E S S I N G	0 2	K 0 6 2 D 0 0 6	8 9 9 4 6 2	P
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

1992 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

For the calendar year ending December 31, 1992

The information requested herein is required by Rules 3745-52-41 as applicable of the Ohio Administrative Code.

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.

Please print/type with elite type (12 characters per inch)

LABEL BELOW IS FOR REFERENCE ONLY; SECTIONS I. THROUGH VII. MUST BE COMPLETED.

I. GENERATOR'S EPA I.D. NUMBER

O H D 0 6 0 4 0 9 5 2 1

OHD060409521-EPA ID.

SIC CODE-3312

WCI STEEL INC.

1040 PINE AVENUE SE

WARREN

OH 44483-

THOMAS J SHEPKER

(216) 841-3200

II. NAME OF INSTALLATION

W C I S T E E L , I N C .

III. INSTALLATION MAILING ADDRESS

1 0 4 0 P I N E A V E N U E S E

Street or P.O. Box

W A R R E N

City or Town

O H

State

4 4 4 8 3 - 6 5 2 8

Zip Code

IV. LOCATION OF INSTALLATION

1 0 4 0 P I N E A V E N U E S E

Street

7 8

County Code

W A R R E N

City or Town

O H

State

4 4 4 8 3

Zip Code

3 3 1 2

Primary SIC Code

V. INSTALLATION CONTACT

S H E P K E R , T H O M A S

Name (last and first)

2 1 6 - 8 4 1 - 8 2 0 0

Phone No. (area code & no.)

VI. TRANSPORTATION SERVICES USED (list the name and EPA identification numbers of all hazardous waste transporters whose services were used during the reporting year.)

SAFETY-KLEEN CORP. ILD051060408

7-7 INC. OHD982075343

MILL SERVICES INC. PAD004835146

ENVIRCO TRANSPORTATION INC. OHD045210598

CHEMICAL WASTE MANAGEMENT INC. ILD099202681

CHEM FREIGHT OHD982061350

EAGLEBROOK TRANSPORT OF OHIO INC. OHD000724088

AUTUMN INDUSTRIES INC. OHD986974780

CLEAN HARBORS OF KINGSTON INC. MAD039322250

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

JAMES V. STACK / PRESIDENT

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

EPA 9019

Page 1 of 8

OHIO ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

FACILITY INFORMATION

(specify receiving facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

01060409521

IX. FACILITY'S EPA I.D.NO.

PA004835446

X. FACILITY NAME

MILL SERVICES, INC.

XI. FACILITY'S ADDRESS

R.D. 1 BOX 135A

Street

YUKON

City or Town

PA

State

15698

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	SPENT PICKLE LIQUOR, HCL FROM STEEL PROCESSING	02	K062D006	448420	P
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

OHIO ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

FACILITY INFORMATION

(specify receiving facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

01H1D1016104109151211

IX. FACILITY'S EPA I.D.NO.

01H1D101210121713181119

X. FACILITY NAME

CHEMICAL WASTE MANAGEMENT INC.

XI. FACILITY'S ADDRESS

3956 STATE ROUTE 412

Street

VICKERY

City or Town

OH

State

43464

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	SPENT PICKLE LIQUOR HCL FROM STEEL FINISHING	02	K062D006	166640	P
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

OHIO ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

FACILITY INFORMATION

(specify receiving facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

01H060409521

IX. FACILITY'S EPA I.D.NO.

01H0980990162

X. FACILITY NAME

SAFETY-KLEEN CORP.

XI. FACILITY'S ADDRESS

1171.5 NORTH MERIDIAN ROAD

Street

YOUNGSTOWN

City or Town

OH

State

44509

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	WASTE PETROLEUM NAPHTHA SPENT SOLVENT	01	D001 D039 D018	41196	P
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

OHIO ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

FACILITY INFORMATION

(specify receiving facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

01H1D060409521

IX. FACILITY'S EPA I.D.NO.

X. FACILITY NAME

MAD053452637

CLEAN HARBORS OF BRAINTREE, INC.

XI. FACILITY'S ADDRESS

385 QUINCY AVENUE

Street

BRAINTREE

City or Town

MA

State

02184

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B.DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	WASTE SODIUM ALUMINATE SOLUTION	02	D002	2320	P
2					
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

OHIO ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

FACILITY INFORMATION

(specify receiving facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

01H1016104095211

IX. FACILITY'S EPA I.D.NO.

X. FACILITY NAME

M I D 0 0 0 7 2 4 8 3 1

M I C H I G A N , D I S P O S A L , I N C .

XI. FACILITY'S ADDRESS

4 9 3 5 0 N O R T H , L - 9 4 , S E R V I C E , D R I V E

Street

B E L L V I L L E

City or Town

M I

State

4 8 1 1 1

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	W A S T E , R U B B E R , T A N K , L I N E R	0 2	K 0 1 6 2 D 0 0 3	2,840	P
2					
3					
4					
5					
6					
7					
8					

I. COMMENTS (enter information by section number)

OHIO ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 1992

FACILITY INFORMATION

(specify receiving facility to which all wastes on this page were sent)

VIII. GENERATOR'S EPA I.D. NO.

0 H D 0 6 0 4 0 9 5 2 1

IX. FACILITY'S EPA I.D.NO.

X. FACILITY NAME

0 H D 0 6 0 6 0 6 0 9

C H E M T R O N C O R P O R A T I O N

XI. FACILITY'S ADDRESS

3 5 8 5 0 S C H N E I D E R C O U R T

Street

A V O N

City or Town

O H

State

4 4 0 1 1

Zip Code

XII. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE CODE (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	W A S T E C H R O M I C A C I D S O L I D F R O M C L E A N U P	0 2	D 0 0 2 D 0 0 7	3 3 0	P
2	H A Z A R D O U S W A S T E S O L I D F R O M C L E A N U P	0 2	D 0 0 2	5	P
3					
4					
5					
6					
7					
8					

XIII. COMMENTS (enter information by section number)

~~Republic~~steel

Republic Steel Corporation
Mahoning Valley District
1040 Pine Avenue SE
Warren OH 44481

October 7, 1983

Mr. David N. Wertz
Division of Hazardous Materials Management
Northeast District Office
Ohio E.P.A.
2110 East Aurora Road
Twinsburg, Ohio 44087

Dear Mr. Wertz:

Subject: Hazardous Waste Inspection
Warren Plant

This letter is in response to the violations and/or concerns noted during your inspection of August 2, 1983.

1. A response on the classification of the waste acid and galvanize baghouse dust mixture will be forthcoming from Republic's corporate office to you by October 7, 1983.
2. The inspection of the acid sumps at the galvanize area and at the Pecor site are being checked daily and logged. A copy of the inspection logs is attached.
3. The loading and unloading areas at the Pecor site and waste acid sump are inspected and logged when used. A copy of the inspection log is attached.
4. A weekly inspection of the coke tar decanter trailer is made and logged. A copy of the inspection log is attached.
5. Identification of the tar decanter sludge accumulation boxes has been marked "Hazardous Waste". These boxes are normally dumped everyday or at least every other day. Per our telephone conversation of September 23, 1983, it was mutually agreed that it would not be necessary to mark the date accumulation begins because of the frequency that these containers are dumped.
6. A copy of the Contingency plan was mailed to the Howland Township and Warren Township Fire Departments on September 26, 1983. These fire departments provide emergency services to the Warren Plant. Copies of the letters are attached.

-5
Mr. David N. Wertz
October 7, 1983
Page 2

7. A corporate response will be submitted to you by October 7, 1983 regarding the familiarization by local emergency authorities of the facility's layout and hazards.

Sincerely,

Thomas J. Kachur

Thomas J. Kachur, Manager
Environmental Control
Mahoning Valley District

TJK:mmc
Enclosure

cc: DM GUBANC



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
EASTERN DISTRICT OFFICE
25089 CENTER RIDGE ROAD
WESTLAKE, OHIO 44145

September 30, 1993

MEMORANDUM

SUBJECT: Toxics Sampling Inspection - WCI Steel, Inc., Warren, Ohio (OH010179, AFE108:IH)

FROM: Mark E. Conti, ^{MEE} Environmental Engineer

THRU: A. R. Winklhofer, Chief
Eastern District Office (SE-W) *AW*

TO: Water Compliance Section (WC-15J)

ATTN: Michael Mikulka, Chief

On May 12, 1993, Larry Lins and I conducted a toxics sampling inspection at WCI Steel, Inc. (1040 Pine Avenue, S.E., Warren, Ohio 44483-6528). On June 15, 1993, I collected additional samples to support initial findings. The sampling inspection was requested by the Water Division and was done as part of a multimedia investigation at the facility.

The attached report summarizes inspection findings and sample results. If you have any questions regarding this report, please call me at 216/522-7260.

Attachments.

RECEIVED
SEP 31 1993
COMPLIANCE SECTION

U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5
ENVIRONMENTAL SCIENCES DIVISION
EASTERN DISTRICT OFFICE

TOXICS SAMPLING INSPECTION REPORT

I. PERMITTEE IDENTIFICATION

A. Facility Name and Address

WCI Steel, Inc.
1040 Pine Avenue SE
Warren, Ohio 44483-6528

B. Responsible Official

Thomas O. Shepker, Manager-Environmental Control
Telephone Number: (216)841-8200

C. NPDES Permit

NPDES Permit Number: OH0101079
Effective Date: April 30, 1990
Modification Date: January 19, 1993
Expiration Date: April 27, 1995

D. Receiving Stream

Mahoning River

II. DATES OF INSPECTION

May 12 and June 15, 1993

III. PARTICIPANTS

A. Facility

Thomas O Shepker, Manager - Environmental Control
Richard J. Gradishar, Environmental Engineer -
Environmental Control

B. American Analytical Laboratories, Inc.

Robert E. Shepard, Field Sampling Coordinator

C. U.S. Environmental Protection Agency - EDO

Mark E. Conti, Environmental Engineer

IV. OBJECTIVE

The objectives of the inspection were to 1) determine whether the facility was complying with effluent limitations and other permit conditions (2) check for ammonia contamination in storm water runoff in the slag quench area, and (3) determine the pollutants present in Pond No. 6A.

V. INTRODUCTION

Areas evaluated during the inspection were the NPDES permit, facility operating status, flow measurement, visual appearance of effluent and receiving waters, and self-monitoring program. Samples were also collected and analyzed.

VI. SUMMARY OF FINDINGS

A. U.S. EPA Sampling Method and Results

Samples were collected at several outfalls and internal points within the facility. The locations sampled and analyses performed on the samples are listed in Table 1. Table 1 also includes notes clarifying what was sampled. Figure 1 (Attachment No. 1) shows the sample locations on a plant map.

All samples were collected as grabs. Temperature and pH were measured in the field. Samples held for subsequent analyses were preserved and iced. Oil and grease and ammonia (NH₃-N) analyses were done at the Eastern District Office laboratory. Analyses for ICP metals, volatile organic compounds, and semivolatile organic compounds were conducted by the Central Regional Laboratory.

Sample results are summarized as follows:

Table 2	-	Temperature and pH
Table 3	-	Oil and Grease
Table 4	-	Ammonia (NH ₃ -N)
Table 5	-	ICP Metals
Table 6	-	Volatile Organic Compounds
Table 7	-	Semivolatile Organic Compounds

The data tables are in Attachment No. 2.

TABLE 1

SUMMARY OF SAMPLING CONDUCTED AT WCI STEEL, INCORPORATED

SAMPLE LOCATION	DATE SAMPLED	ANALYSIS AND/OR MEASUREMENT
Outfall 002	5/12/93	temp., pH, O&G
Outfall 006	5/12/93	temp., pH
Outfall 007	5/12/93	temp., pH, O&G
Outfall 010	5/12/93	temp., pH
Pond No. 6A	5/12/93	temp., pH, O&G, NH ₃ -N, ICP metals
Slag Quench Alley	5/12/93	temp., pH, NH ₃ -N
Pond No. 6A	6/15/93	temp., pH
No. 6 Pickler Discharge into 36-inch Collection Box	6/15/93	temp., pH, ICP metals
36-inch Collection Box	6/15/93	temp., pH, ICP metals
CTP Influent	6/15/93	temp., pH, ICP metals

NOTES:

1. Pond No. 6A - Pond between Pond No. 6 and Mahoning River. Excavated to collect seepage and leachate from Pond No. 6 into Mahoning River. A well mixed sample was obtained from the sump pumping water from Pond No. 6A up to Pond No. 6.
2. Slag Quench Alley - Rectangular, brick-lined ditch about 25-inches wide that carries stormwater runoff from the slag quenching area to neighboring LTV Coke.
3. No. 6 Pickler - Pickle rinsewater and cooling water are discharged into a 36-inch collection box via three pipes. Sample was collected from one of three pipes.
4. Thirty-six inch Collection Box - Combined wastestreams from pickling area (see Photograph No. 18) flow by gravity to Pond No. 5. Sample collected from box while one pump from pickler was running and pump from pickler scale pit was running.
5. CTP Influent - Central treatment plant influent. Pumped across river from Pond No. 6. Sample collected in influent box (see Photograph No. 26).

B. Permit

The facility has a current NPDES permit (OH0101079). Attachment No. 3 is a copy of the modified permit.

The monitoring requirement for tetrachloroethylene at Outfall 002 is a 24-hour composite. A representative volatile organic sample can only be collected as a grab sample. The use of automatic sampling equipment may cause the loss of volatile organics to the surrounding air.

C. Facility Site Review

I observed the following during my May 12, 1993, inspection:

1. There were two booms set up at Outfall 002 to collect oil. The facility's sampler noticed a sheen at the outfall, while sampling on April 29, 1993. WCI Steel sent a letter to the Ohio EPA on April 30, 1993, explaining the problem. A copy of the letter is in Attachment No. 4. At the time of the inspection, the booms were not completely effective at removing the oil. A sheen was noted on the river due to the discharge.
2. Oil skimming in the 56-inch hot strip mill recirculating reservoir was not completely effective. The recirculating reservoir ultimately discharges via Outfall 007. There was a slight sheen noted at the outfall. There was a "pig" boom placed across the kidney shaped reservoir about two-thirds of the way around it. A plastic boom was set up beyond that. Oil trapped between the booms is removed with a rope skimmer. There was oil on the surface of the reservoir beyond the plastic boom.
3. There was a slight amount of white foam at Outfall 013. Mr. Gradisher said it was due to a malfunction at the central treatment plant. The problem was caused by a broken anti-foaming agent, rapid-mix, motor
4. The clarifier weirs in the central treatment plant were partially clogged. I estimated that 5 - 10 percent of the weirs were short-circuiting. The clarifier overflow had excellent clarity.

5. There was flow in the slag quench alley. The water was light green and slightly turbid. According to Mr. Gradishar, the ditch does not normally have flow. He said it was dry about one and one-half weeks ago. He also said that when the facility conducted a 90-day study, the ditch only flowed during rain events. During those times, the ammonia concentration was about 5 mg/L.
6. The sketch in Figure 2 (Attachment No. 5) depicts the state of the ponds during the inspection. Pond No. 6A is shown in Photograph No. 17. The south ditch is shown in Photograph No. 16. The underflow drain that connects the south ditch and Pond No. 6A is shown in Photograph No. 15. Photograph No. 13 and 14 show oil that was seeping into the river. Photographs No. 10, 11, and 12 show the boom placed across the river to capture the oil.

On April 18, 1993, WCI Steel began an excavation project to ensure capture of seepage from Pond No. 6. The plan was to excavate Pond No. 6A below the elevation of the Mahoning River. By pumping water from Pond No. 6A to Pond No. 6, WCI Steel hoped that water would migrate from the river to Pond No. 6A. Two sumps rated at 50 gpm were placed into Pond No. 6A. According to Mr. Gradishar, one sump runs almost continuously. During the time I was at the pond, one pump ran non-stop and the other ran for a total of about one minute. This appeared to cause the desired effect. I noted water percolating into Pond No. 6A, from the river.

On the other hand, water was seeping into the river from the area of the south ditch. Mr. Gradishar said that the south ditch was dug about two and one-half weeks ago (about April 25, 1993). He also said that due to the layout of the area, the excavation crew could not dig the ditch deep enough to have the river percolate into it.

Pond No. 6A is vacuumed about once each day. The area behind the boom in the river is vacuumed about twice each day.

I observed the following during my June 15, 1993, inspection:

7. I did not see any sheens at Outfall 002.

8. I did not see any sheens at Outfall 007.
9. Pond No. 6A and the south ditch were much larger and deeper during this inspection. Pond No. 6A is shown in Photograph No. 21. The south ditch is shown in Photograph No. 23.

Both 50 gpm sumps were operating continuously. The discharge from Pond No. 6A to Pond No. 6 is shown in Photographs No. 19 and No. 20.

The river appeared to have spilled over its banks recently. Mr. Gradisher said it almost did, but he was able to keep ahead of it with the pumps. The bank between the river and Pond No. 6A is shown in Photograph No. 22. The boom across the river tore loose. It is shown in Photographs No. 24 and No. 25. I did not see any sheens on the river in the pond area.

Mr. Gradishar said that the south ditch was being pressure-grouted with cement to a depth of 15-20 feet. A chemical cement may be used next. The facility is also going to install a pump rated at 1,000 gpm into Pond No. 6A.

D. Flow Measurement

During the May 12, 1993, inspection, I evaluated the facility's flow measurement. My findings are summarized in Table 8. There may be a problem with flow measurement at Outfall 011. When I checked the head in the Parshall flume, it was about 6.5-inches (0.54 feet). The flow sensor at the site was reading 0.65 feet. The flow sensor reading gives a flow rate about 30 percent greater than what I measured.

E. Effluent/Receiving Waters

During the May 12, 1993, inspection, I made visual observations of the outfalls and receiving waters. My findings are summarized in Table 9.

G. Self-Monitoring Program

Samples are collected and analyzed by American Analytical Laboratories, Inc. Grab samples are collected manually. Composite samples are collected automatically. ISCO Model 3710 FR automatic samples are located at Outfalls 002, 003,

TABLE 8
EVALUATION OF WCI STEEL, INC.'S FLOW MEASUREMENT

OUT-FALL	MONITORING REQUIREMENTS	METHOD OF MEASURING OR ESTIMATING FLOW	COMMENTS
002	24-hr. total (estimated)	Head measurement in 2-ft wide x 4-ft long wooden weir box.	Flow is estimated. Flow not uniform across box. Would provide rough estimate at best. (See Photo 4).
003	24-hr. total (estimated)	Manning equation with round pipe.	Flow is estimated.
004	24-hr. total (estimated)	None.	Outfall welded shut.
006	24-hr. total (estimated)	Manning equation with round pipe.	Flow is estimated.
007	24-hr. total (estimated)	Manning equation with round pipe.	Flow is estimated.
008	24-hour total	6-ft. suppressed rectangular weir located in pipe about 100 yds upstream of discharge. Head measured sonically with ISCO ultrasonic Model 3210. Instrument gives instantaneous flow rate and totalizes flow.	Conversion was accurate at 0948 EDT, 5-12-93. Head was 0.70 ft. and flow was about 5300 gpm.
009	24-hour total	2-ft rectangular weir with end contractions. Head measured sonically. Total flow recorded on real time basis.	
010	24-hour total	9-in. Parshall flume. Head measured sonically with ISCO ultrasonic Model 13210. Instrument gives instantaneous flow rate and totalizes flow.	Head measurement is accurate. At 1047 EDT, 5-12-93, ISCO readout was 0.522 ft. At 1053 EDT, I measured the head to be 6.5 in. (0.54 ft). ISCO's head to flow rate conversion was accurate. At 1047 EDT, 5-12-93, head was 0.522 ft. and flow was about 509 gpm.
011	24-hour total	9-inch Parshall flume. Sonic head measured sonically with ISCO ultrasonic Model 3210. Instrument gives instantaneous flow rate and totalizes flow.	
012	24-hr. total (estimated)	Did not determine.	Flow is estimated.
013	24-hr. total (estimated)	Estimate of blast furnace non-contact cooling water	Flow is estimated.
015	-----	N/A	Flow measurement not required.
016	-----	N/A	Flow measurement not required.
017	24-hr. total (estimated)	Manning equation with round pipe.	Flow is estimated.
018	-----	N/A	Flow measurement not required.
601	24-hour total	N/A	100 % recycle at time of inspection.
602	24-hour total	90° V-notch weir. Sonic head measurement in stilling box. Instantaneous readout and daily printout of totalized flow.	Not inspected.
603	24-hour total	12-in. Parshall flume. Sonic head measurement. Instantaneous flow and counter-type totalizer	Not inspected.
606	24-hour total	Not inspected. Sensor on top of sewer detects overflowing water.	Not inspected.
608	24-hr. total (estimated)	Not inspected.	Not inspected.

TABLE 9
VISUAL OBSERVATIONS OF EFFLUENT/RECEIVING WATERS
DURING MAY 12, 1993
INSPECTION AT WCI STEEL, INC.

OUTFALL	OBSERVATION
002	Effluent had an oil sheen. There was some scum accumulated behind first boom. Sheen, scum, and boom are shown in Photograph No. 1. Oil sheen entered Mahoning River. The second boom is shown in Photograph No. 3.
003	Appearance was satisfactory
004	No flow. Outfall welded shut
006	Appearance was satisfactory
007	Effluent and receiving water had an oil sheen. Sheen not visible in photograph.
008	Appearance was satisfactory
009	No flow. Outfall cemented shut.
010	Appearance was satisfactory
011	Appearance was satisfactory
012	Appearance was satisfactory
013	Discharge created white foam, which extended about 40 feet beyond discharge pipe.
015	Not observed
016	Not observed.
017	Appearance was satisfactory.
018	No flow

013, 602, 603, and 608, and Station 804. The samplers have self-contained refrigeration units. An older ISCO automatic sampler is used at Outfall 603. These samplers are collected and cooled in a Hot Point mini-refrigerator. Automatic samplers are set to collect 350 mL aliquots every hour for 24 hours.

During the May 12, 1993, inspection, Mr. Lins and I watched Mr. Shepard of American Analytical Laboratories, Inc. collect samples. Mr. Shepard collected samples at Outfalls 007, 008, 010, 011, 013, 602, 603, and 608. He also collected samples at Station 804. The sample containers and preservation methods he used met the requirements of 40 CFR 136.3. The tetrachloroethylene sample collected at Outfall 602 was composited as required by the permit. As noted in Part VI. B of this report, volatile organics should not be composited.

LIST OF ATTACHMENTS

ATTACHMENT NO.	DESCRIPTION
1	FIGURE 1 - SAMPLE LOCATIONS
2	DATA TABLES 2 - 7
3	WCI STEEL'S NPDES PERMIT
4	WCI STEEL'S APRIL 30, 1993, LETTER TO THE OHIO EPA
5	FIGURE 2- SKETCH OF PONDS
6	LABORATORY RESULTS FOR VOLATILE ORGANIC COMPOUNDS
7	LABORATORY RESULTS FOR SEMIVOLATILE ORGANIC COMPOUNDS
8	PHOTOGRAPHS
9	EPA FORM 3560-3



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August 23, 1993

WCI Steel, Inc.
1040 Pine Avenue, S.E.
Warren, OH 44483-0528
Attn: Mr. Thomas O. Shepker
Manager - Environmental Control

Dear Mr. Shepker:

Thanks for visiting the PORI Wastewater Treatment Plant at Weirton Steel on August 13, 1993.

You inquired about our wastewater flows and generation of filter cake.

Our oily water flow to the plant is a nominal 700 gpm. From the treatment of the oily sludge and the DAF float, we generate about one dumpster box containing about 15 tons of filter cake every two days. This equates to about 0.002 lb. filter cake/lb. oily water treated.

The acid rinse water from the picklers and scrubber water is a nominal 500 gpm. We generate about 20 tons of filter cake each day.

Both filter cakes are currently disposed of at a non-hazardous landfill by Weirton Steel.

We built other similar plants for Stelco in Canada and for Youngstown Sheet and Tube in Youngstown, Ohio. The facility at Stelco is owned and operated by Stelco. The facility for Youngstown Sheet and Tube still exists but it is idle.